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Breaking a New Trail

Events move swiftly these days in every phase of our national life. In all branches of public service there is a marked quickening of the pace and, to its everlasting credit be it said, the nursing profession is doing its best to keep in step. Under the caption of *Notes from the National Office*, in this issue of the *Journal*, you will find an outline of important measures which were taken at a joint conference, recently held in Montreal, between the Executive Committee of the Canadian Nurses Association and nurse representatives of departments of nursing in eight Canadian universities. This outline not only serves as a road map for the future but also gives definite assurance that a competent guide will soon be available to direct the new line of march.

The decisions and recommendations made at this conference are clearly set forth in *Notes from the National Office*. All that will be done here is to try to recapture something of the atmosphere in which the meeting was held and of the spirit of those who took part in it. To begin with, the setting was worthy of the event. The conference was held in the McGill School for Graduate Nurses which, by a happy coincidence, had just moved into new and spacious quarters, flooded with sunshine, and admirably planned from both a teaching and a social point of view. In between sessions, Miss Lindeburgh and Miss Mathewson dispensed most gracious hospitality as well as taking a leading part in the deliberations of the conference.

The occasion proved to be historic in more ways than one. For the first time, the Executive Committee of the Canadian Nurses Association conferred, as a group, with representatives of various University departments of nursing in Canada. More significant still, these University representatives met, for the first time, to take counsel with one another. While it was to be expected that enlightened leadership would arise out of a joint conference of this kind, it was less easy to predict the salutary influence that the participating groups would exercise upon one another. The impact of the reality of things as they are, upon the dream of things as they ought to be, made itself felt in no uncertain fashion. This friendly clash of ideas had a thoroughly tonic effect, and helped to keep the debate on a sane and practical level. The haunting sense of unreality which sometimes hangs about theoretical discussion was refreshingly absent. Yet it was frankly admitted, by even the most incorrigible realists, that the dead hand of the past must no longer be permitted to block wise and courageous action in the future.

It was encouraging to note a growing realization that dignified publicity must be given to nursing (and sometimes to nurses) if we are to obtain financial support from public funds. It will not be easy to reconcile this new conviction with our deep-rooted and instinctive desire to shield our patients and ourselves from the sort of publicity which involves personal and vulgar display. Nevertheless, until the people of this country know why we must and should have money, they are not going to give it to us. It follows that we must adopt an intelligent attitude toward the press, and must try to persuade the men and women who write about us that *nursing* is in itself so vital and interesting that the personal element need not be stressed unduly. If we succeed in doing this (and it will not be easy) we may find that a sympathetic reporter, who has caught a glimpse of what nurses are striving for, will make us "come alive" without any loss of professional or personal dignity.

—E. J.

An Honour for Canada

It is with a deep sense of pride that we learn that Miss Grace M. Fairley, President of the Canadian Nurses Association, has been appointed third vice-president of the International Council of Nurses. In a memorandum prepared by Miss Effie Taylor, President of the International Council of Nurses, reference is made to this appointment as follows:

> In order that the president may have an officer in close proximity in the event that urgent decisions must be made, I trust I may have your approval in appointing Miss Grace M. Fairley, now President of the Canadian Nurses Association, to be the third Vice-President of our organization until the next meeting of the Board of Directors. Under existing circumstances the President is the only elected officer on this side of the Atlantic, and occasions may arise when prompt action will be essential for the welfare of the Council. Miss Fairley attended the last meeting of the Board of Directors in London in 1939 and by long association with the I.C.N. is familiar with its functions so that her assistance will be valuable.

We have always been proud of the women who have represented the Canadian Nurses Association on the International Council of Nurses and we are quite sure that our President will fulfil her new duties with grace and competence.

Ophthalmic Nursing

Doris C. Smith

Ophthalmology is a separate unit in the Royal Victoria Hospital, Montreal. The capacity of the division is sixteen beds, eight for male patients (including six public and two semi-private) and an equal number for female patients. There is also a large dressing room and an examining room and we hope in the near future to include an operating room as well. At present we use the small theatre in the main operating room, ophthalmology having the preference in the afternoons. The nurse in charge of the ward, or her assistant who is also a graduate nurse, takes charge of all the operating room work. This arrangement has several advantages. Because the same nurse does all this work the staff doctors can train her in their own methods; she also becomes expert in nursing the patients during the period of convalescence and understands just how to keep them comfortable.

In the nursing care of ophthalmic patients the same procedure is taught for all intra-ocular operations with a few variations according to the length of time the patient must remain in bed and the type of operation. The term intra-ocular is applied to those cases which involve operation within the eyeball. The term extra-ocular is applied to those cases involving operation outside the eyeball, as in correcting strabismus. Intra-ocular operations are performed for the relief of many conditions such as cataract, glaucoma, detached retina and for the removal of foreign bodies.

A cataract is an opacity of the crystalline lens or of its capsule which occurs most commonly in older people though it is occasionally found in younger individuals. In operating for this condition, an incision is made through the cornea and the opaque lens is expressed, either by itself or within its capsule, depending upon the type of operation. Several weeks after a successful operation the patient may be fitted with two glasses, one for near and one for distant vision, which in a measure replace the lens with its power of accommodation. The pressure or tension within the eye is established by the inflow and outflow of fluids. When there is inadequate drainage the pressure increases, resulting in blindness if untreated, and the condition is known as glaucoma. Treatment for glaucoma depends on whether it is chronic or acute but the principle is to increase the drainage of lymph and thus reduce intra-ocular tension. Detachment of the retina is another serious condition. The retina, or inner coat of the eyeball, contains the nerve endings for vision and receives its nourishment from the blood vessels in the choroid layer immediately beneath it. If complete blindness is not to ensue the detached portion must be replaced, and treatment is directed towards producing an adhesion between the choroid and the retina.

From our ophthalmology outdoor clinic Mrs. Gray is admitted. Due to cataract, she is gradually losing her vision and is told she must undergo an operation. Like most of our patients, she is over fifty years of age and has never been in hospital before. She is a very nervous person and apprehensive about having an operation. Much can be accomplished by the manner in which the nurse greets Mrs. Gray, gets her settled in her room, and makes her acquainted with her room-mates. As soon as possible after admission the interne examines her and, if a culture of the washings of the conjunctival sac has not yet been taken, this is done immediately and sent to the department of bacteriology for examination. To obtain the material the lower lid is everted, eye broth is instilled into the conjunctival sac and then suctioned into a pipette and sent for culture. No operation for the removal of cataract is performed unless a negative report has been received. If the culture is positive, that is containing pathogenic organisms, sulphanilamide powder is instilled three times a day for a week then a second culture is taken and sent for examination. While this is being done, Mrs. Gray has had her lacrimal sac syringed in order to make sure that there is no danger of infection from that point and as a precautionary measure, one or two drops of an antiseptic solution, usually metaphen diluted as ordered, is instilled. The lacrimal sac is the expanded upper end of the nasolacrimal duct, a small canal which opens into the nose.

While these treatments are being done their purpose is explained to the patient. Mrs. Gray is now ready for her operation and is placed on a cataract bed with one pillow under her head. A cataract bed is one in which the head bar is level with the patient's head so that it is possible to operate while the patient is lying in her own bed. This arrangement avoids unnecessary movement or possible jarring. One hour previous to the time of operation a sedative is given and the local anaesthetic is commenced; this is usually a solution of pontocain. One drop is instilled every five minutes until the patient is taken to the operating room on her own bed. The special care taken in nursing these patients is simple but very important. Care must be taken in changing the bed linen and the patient must not be allowed to move her head or strain in any way. If there are any sudden movements on the part of either the nurse or the patient, the patient might squeeze her eyes and possibly cause a haemorrhage into the anterior chamber, or an escape of vitreous, or a prolapse of the iris through the incision.

On the completion of the operation both eyes are covered with a dressing, a Morefield binder (hand knit in basket stitch) and a stiff black mask. These have ties much longer on one side than on the other so that at the time of dressing they may be loosened without moving the patient's head. On the patient's return to the ward, sand bags are placed at either side under the pillow so as to assure immobilization of the head, and she is told that she must not move her head but must ask the nurse for any help she needs. For the next forty-eight hours she must be kept as quiet as possible and there must be no sudden jars or noises. A diet of fluids with jelly and custard is given for the first forty-eight hours then gradually increased as tolerated. No cathartic should be administered until the third post-operative day when a saline enema may be given.

Subject to the instructions of the doctor in charge, the head of the bed may be raised approximately 30 degrees. Towards evening, if the patient's back becomes sore, a small pillow placed under the lumbar region is a great help. For the relief of pain, due to the wearing off of the effect of the local anaesthetic, an aspirin compound with codeine in appropriate dosage may be given. When the dressing and mask are put on, the patient is told that she will be kept in darkness for three or four days. Night approaches and Mrs. Gray may begin to get restless. A phenobarbital preparation is given by mouth if nausea is absent or by hypodermic if necessary.

Her hands are lightly restrained to the side of the bed allowing some freedom of movement but not enough for the patient to reach her eyes. The nurse should explain that this restraint is necessary to prevent her trying to rub her eyes in her sleep. As a matter of routine the hands of all intra-ocular operation cases are tied for seven post-operative days.

Approximately twenty-four hours after operation the doctor does the first dressing. Mask and binder are untied and turned back, the dressing is removed and the lids are gently bathed with swabs of sterile absorbent about two inches square dipped in warm boracic solution. The patient is asked to open her eyes slowly; the doctor looks at the cornea to be sure it is clear, at the pupillary area to see if it is dilating properly and at the suture line (if sutures were used). A drop of a mydriatic is now instilled, usually atropine unless the patient has an idiosyncrasy for this drug, when scopolamine or duboisine is used. A fresh double dressing is applied, the binder and mask retied and the patient reassured her operation so far is successful but she must still remain very quiet and so do her share in a perfect result. The patient may have difficulty in voiding. This may be helped by using a small amount of ammonia solution in a warm bedpan, by a lightly filled hot water bottle on her abdomen, or any other method used with post-operative patients. As a last resort catheterization may have to be done. With male patients, the doctor will sometimes allow them to stand at the side of the bed, but only with the help of the orderly who supports the patient's head.

Each day Mrs. Gray's eyes are washed by the doctor. Usually, at the end of the fourth day, the doctor uncovers the eye which was not operated upon and the following day the patient is allowed up in a chair for half an hour morning and evening. Here again she is cautioned that she must keep her head still and under no condition must she bend her head towards the floor. It is explained to her that by bending her head the blood suddenly rushes to that part of the body and at the site of her operation there may be bleeding.

If no complications arise she is allowed to go home about ten or twelve days after the operation. She is instructed to instill atropine solution or some other mydriatic as prescribed, and is told to come back to the clinic so that progress may be noted and she may be fitted for glasses. Mrs. Gray's convalescence was uneventful but unfortunately all patients do not progress so favourably. Some suffer from nausea and vomiting which may cause haemorrhage which may not readily be absorbed; a stain will remain on the cornea and the patient will not be able to see clearly, even after getting her glasses. Prolapsed iris may also occur, that is the pillars of the iris may protrude through the corneal incision; the patient then has to be taken back to the operating room and another iridectomy is done and the pillars are replaced. This prolongs the convalescent period but may not cause permanent damage. Post-operative pneumonia must be guarded against and complications must be treated as soon as they arise.

All students in the school of nursing spend some time in the department of ophthalmology, usually two weeks on day duty and one week on night duty. This frequent changing entails a great deal of teaching and supervision. Each morning, after the reading of the night report and the orders for the day, a twenty-minute period follows in which the nurse in charge instructs the students in precautionary measures and treatments of various kinds. These include the instillation of drops, their strength and usage. Instruction is also given in the treatment of infectious diseases of the eyes, including ophthalmia neonatorum. Staff rounds are made twice weekly and the student nurses attend and assist with the dressings.

British Columbia Shows the Way

EDITH PRINGLE

For many years the Provincial Government of British Columbia has been helping financially towards the operation and maintenance of voluntary hospitals. As in other parts of Canada this has resulted in increasing demands each year from the hospitals and a growing inquiry on the part of the government as how best to meet these demands. In 1936 a special survey of the problems of some twenty-two hospitals was made and it was found that many voluntary hospitals grow without any standardized planning. Administrators of many hospitals, particularly the smaller ones, are constantly faced with problems in which the advice of experienced hospital administrators is welcomed. These problems, all of which are dominated by the financial aspect, include a great variety of purely administrative factors and arise in connection with accounting, records, admittance procedures, nursing and other services. Difficulties are created by failure to organize medical staffs and there are other problems of a local character in connection with purchasing, or resulting from interference by enthusiasts whose zeal is not adequately tempered by their lack of knowledge regarding the purpose of hospitals and hospital work.

The study led to the establishment by the provincial authorities of a hospital service branch under the inspector of hospitals with a registered nurse assistant and a clerical staff. As all accepted voluntary hospitals in British Columbia are paid grants based upon the number of days' treatment given to their patients, the first step taken by the new office was to pay regular visits not only to check the days' treatment records at the hospitals but also to ascertain in what respect help and advice might be most acceptable and useful. The writer has been privileged to visit most of the hospitals and, apart from other duties, has been particularly interested in those problems which affect the nurses. It is interesting to meet the various staff members and to hear their point of view. It is especially gratifying to note their interest and enthusiasm and to help in some small way if assistance is desired.

A large percentage of small hospitals have graduate nurses as superintendents who, while enjoying competent training as nurses, have received little or no instruction in hospital administration. On accepting positions as matrons in rural and small urban hospitals they find themselves confronted by a multitude of difficulties extraneous to the actual nursing of patients. In many small hospitals the financial situation is acute and this has a tendency to cause the nurses to work long hours for low pay, and to place upon them duties such as stoking a furnace or trying to manage a gasoline engine which provides power for the hospital lighting system.

The interest of the profession has been

A view of the Lower Arrow Lake as seen from the road to New Denver.

aroused by the work of a committee appointed by the Provincial Government. Its duties are to study the conditions of work for nurses in the individual hospitals and to approach the boards of directors urging that hours of work be limited voluntarily to 96 hours with two full days off duty over a period of two weeks. This schedule affords an average of eight hours per day and a six-day week.

It is probable that this is the only committee commissioned by any government to undertake this type of work. Its appointment followed the report of a survey which disclosed that in many hospitals the hours of work exceeded eight per day and six days a week for both day and night duty. The Department of Labour and the Provincial Secretary jointly appointed the provincial committee on working conditions for nurses in hospitals. Mrs. Rex Eaton, a member of the board of industrial relations, Mr. Percy Ward, inspector of hospitals, and the writer are the members of this committee. A continuous survey of the hours of work for nurses is now being made, and changes in hours are being urged and recorded.

Hospital boards have given serious consideration to the requests of the committee, and the changes in schedules have been gratifying. At present more than a third of the nurses in the province of British Columbia who are employed in both large and small hospitals are now working not more than eight hours a day for six days a week and others have had their hours of duty considerably reduced. It is confidently expected that further favourable changes will be made.

It is to be expected that some hospitals will find it more difficult to respond, due to the financial circumstances they are called upon to meet. But with the emphasis on the necessity for the reduction of the hours of work for the nursing staff constantly being urged it is believed that consideration will be given to this important matter to a degree which would not be possible without the support of this active committee. Accounting and financial procedures underlie all other hospital problems. We will not attempt to discuss these procedures and their significance in detail, except to say that the British Columbia office of the inspector of hospitals is doing its best to study and assist. As this question is clarified, many other hospital problems, which militate against the best service to patients and the best treatment of employees, will gradually disappear.

The 1936 survey disclosed an increase in grants to hospitals and over-hospitalization. Some patients had been in hospital for a long period of time and it was revealed that there were various causes for their long stay. Mainly they were in a class not requiring the highly specialized treatment afforded by a general hospital, yet could not be discharged because some attention or some adjustment was necessary in the home. The attention required was various and included occasional nursing care, a special diet, provision of a proper home, or the solving of some domestic problem. Unfortunately the majority of hospitals lacked facilities for carrying out a careful investigation and planning for suitable accommodation in other than an acute general hospital. As this presented major difficulties the government, under the office of the inspector of hospitals, set up a hospital clearance branch to which the hospital superintendents could refer cases. This branch, with the assistance of the provincial welfare visitors of the Welfare Field Service, has been instrumental in assisting materially in this connection.

It should be explained that the Welfare Field Service consists of a corps of social workers with district offices located at various strategic points throughout the province. These welfare visitors are putting into effect a province-wide generalized program covering the numerous services made available through the social legislation of British Columbia, which is administered by the department of the provincial secretary. Operating under this plan, the visitors serve eight different branches or divisions one of which is hospital clearance. Travelling about from hospital to hospital one hears much about the problem of giving adequate care to the sick. There are pitiful tales of struggle in the unorganized districts, of broken limbs and broken homes. How comforting that one does not need to wonder how these situations will be met for they are daily being solved by services now available. On every side one hears of the excellent work, co-operation, kindliness and interest of the public health nurses and the welfare field visitors.

Visiting hospitals is an experience from which one gathers both knowledge and never-to-be-forgotten memories of the beauty and vastness of British Columbia. At a time of the year when the leaves are of varied hue and whole mountainsides appear as if aflame, a journey through the northern part of the province eludes description. At times one is dizzily high in the hills and at others winding in and out on the banks of a lake or river with mountains reaching far above on every side. A lake miles in length is like a pocket mirror viewed from a mountainside. Let us digress long enough to recall this picture. It is seven o'clock on a crisp fall morning and we are in a pretty little town on the banks of the Fraser river. We drive to the outskirts of the town and load the automobile on a flat car and journey by gas train for an hour along the beautiful Seton Lake to the small town of Shalath in the famous Bridge River country. Upon reaching Shalath we drive our car off the train and start a 4,000 foot climb over Mission Mountains. This climb is made in less than five miles of distance. It is less hair-raising to write of than to drive. After scaling the heights we descend and drive some fifty miles over hill and down dale, to be rewarded by finding two very attractive and well-equipped private hospitals giving service to two of the large mining towns in British Columbia. After visiting these hospitals we retrace our way to the Fraser river. So ends one day of helping hospitals in British Columbia.

What is the Small Hospital to Do?

BEATRICE ANDREWS

We often hear the alarming statement these days that we are going to run short of nurses. Some schools have been urged to take in more students and have already done so. Yet they must carry in their memories the heartbreaking conditions after the last war when there were too many nurses and too little work. But if we are really in danger of a shortage it is essential to have a larger student enrolment if we are to meet the demands this war is making on us.

A larger enrolment of students means that hospitals are depending on these students for nursing service. Yet at the same time the small country hospitals are being urged to close their schools. And why? Because it is claimed that their training is inadequate when they have a daily average of less than fifty patients. These small hospitals feel the need to use students' services just as keenly as the larger institutions and if they close their schools they are going to feel the shortage most pitifully.

It is difficult to convince a graduate nurse from a large school that she will enjoy working in a small hospital where she is faced with the necessity of doing heavy work with inadequate equipment, working long hours, and accepting disgracefully low wages. Why should she accept this situation when she can get a pleasant position under more favourable circumstances? The result is that the small hospital which operates its nursing service on a graduate basis finds itself with a frequent change of staff. This is not only unsatisfactory to the doctors, but detrimental to the progress and reputation of hospitals which are serving a great need in the country and are not getting the praise and attention they so richly deserve.

Let us pause to consider the student who graduates from a thirty-five bed hospital. There is no doubt that she gets a sound practical training and after all, that, in the end, means the most to the patient. Yet, on the other hand, what does she add to the progress of nursing education? She just doesn't come up to standard. That appears to be the substance of the argument. Classes are not scheduled but are taken whenever the superintendent of nurses or the doctor gets a spare hour. This means that courses that require two or three weeks of careful teaching are squeezed into a week and a half because the wards are so busy that the student cannot be spared.

Many small hospitals cannot afford an instructress and the superintendent has to be responsible for the difficult task of working in the classes. The principles and practice of nursing classes are usually given with inadequate equipment and one is forced to the conclusion that what these students learn does not come from the classroom but from their work in the wards and from their daily contact with the patients. No one can deny that these students get sound training in the operating room and in obstetrics. Their affiliating experience with a mental hospital, a children's hospital, and a hospital for communicable diseases prepares them to meet the duties set before them when they have successfully passed the registered nurses examinations. Even the large hospitals seem to get excellent service from these graduates and do not appear to hesitate to employ them. There seems to be a shortage of nurses who are prepared to accept higher level positions. Perhaps the nurses from small schools are not qualified for such positions. But who is qualified today without a postgraduate course?

For the benefit of nursing education, the small training schools will eventually be forced to close down. They must be, if we are to have better schools producing better nurses. But at this time when no one knows when the war will end, and when it is certain that trained nurses will be in great demand, it seems to me that in closing small schools we are putting the cart before the horse and that only invites more trouble. The problem of procuring nursing service for small hospitals will be constantly at the door of our provincial associations of registered nurses. Would it not, therefore, be wiser, during these difficult days, to leave these schools as they are or to improve them rather than to find ourselves forced to make use of too many practical or subsidiary workers? This practice is destroying the foundations upon which professional nursing service stands.

A Tribute from New Zealand

The nurses of New Zealand were shocked to hear that Miss Jean Gunn has passed away and we would like to express through *The Canadian Nurse* our very deep appreciation of her and our sympathy with Canadian nurses in their loss.

We know that Miss Gunn was one of the most outstanding nurses Canada has produced, and that not only did she give largely of herself to Canada, but also to the international nursing world. Her ability to give close personal interest to so many people has made her loved and admired in many countries. I first met Miss Gunn when I visited the Toronto General Hospital in 1925, a complete stranger to Canada, and I will never forget her kindness and generosity towards me, and I realize that I owe her a great deal. Since then on many occasions she has given hospitality to New Zealand nurses and has passed on to them the benefit of her wide knowledge of nursing affairs. The last time I saw her was in London, at the International Nurses Conference in 1937, and I realized then, as never before, how much her wisdom and judgment were relied on by other international nurses. We in New Zealand mourn her loss but feel that she has given us something which may have influenced New Zealand nursing and therefore that her spirit will live amongst us.

Mary I. Lambie,
Director: Division of Nursing,
Department of Health, New Zealand.

The Guarded Flame

Editor's Note: This *Journal* is indebted to Matron Blanche Herman, R.C.A.M.C., now on service overseas, for this vivid account of a most interesting and significant occasion.

We have been here a little over two months, although in many respects it seems much longer. Sometimes it is hard to realize we are so far away when one sees so many familiar faces and I often wonder if it is not a little corner of Montreal tucked out of sight for a time. We have a splendid Unit and what a pleasure it is to work with such fine men.

A great many things have happened and I shall try to remember a few of them to relate to you. On arrival we learned, with some disappointment, that our group of Nursing Sisters must be temporarily split up and that some were to be sent to the other Canadian General Hospitals until the larger hospital which we shall eventually staff is ready for us. At the present time I have thirty-six Nursing Sisters with me and that number includes the dietitian, the home sister, and a physiotherapy aide.

We love our home in the country, surrounded by a pine forest, and will regret very much when the time comes for us to leave. The hospital is a hut-type military style and, when we arrived, we found a few patients, the nursing duties being carried out by an advance party. These patients were soon discharged and we admitted our own first patients. Today our census has reached the two hundred mark.

This is the statuette of Florence Nightingale to which reference is made.

The Nursing Sisters occupy two of the huts, one as sleeping quarters, the other as our mess. The latter is very attractive and comfortable with books, easy chairs, victrola, and ping-pong table donated by the Canadian Red Cross and all made lovely with the beautiful flowers which we see all around us. We are accessible to places of interest, the names of which I shall leave to your imagination. Many trips have been made to London for shopping and sight seeing. We have attended the Promenade Concerts, conducted by Sir Henry Wood, in the Albert Hall and once we were fortunate in occupying the Duke of Gloucester's box. We are now looking forward to attending the Philharmonic concerts which have just begun. At other times we attended plays, musical comedies, and the ballet. Most evening performances begin at six o'clock and finish just in time to catch the last train home.

Last week I attended a luncheon at the Savoy Hotel given by Sir Jocelyn

Lucas (M.P. for Portsmouth) in honour of the nurses of the Empire and to commemorate the second anniversary of the war. The Canadian Matrons and a Nursing Sister from each unit were invited. Among the guests were Matrons, Sisters, and Nurses from over a hundred civilian and service hospitals in the London area, from shelters, first aid posts, casualty clearing stations, and ambulance units as well as from the Dominion and Allied nursing services. The statue of Florence Nightingale which formerly stood in the Sisters' dining room at St. Thomas's Hospital was placed on the table in front of the chairman and beside it was a burning candle, symbolic of the flame she kindled. Messages were sent by Her Majesty the Queen and by Mrs. Churchill. Mr. Ernest Brown, Minister of Health, was the guest speaker and paid high tribute to the nursing profession. Special mention was made of those nurses who wore the George and Empire medals. Miss Hillyers, the Matron of St. Thomas's Hospital, thanked the speaker on behalf of the nursing profession. Later I had the privilege of meeting her and having a chat. On another day we had the pleasure of visiting a well known hospital some distance from London. Matron-in-Chief Pense, Matron Neill, and myself all met in London very early in the morning and we had a very enjoyable day.

All our contacts with the English people have verified the many reports we heard in Canada of their loyalty and bravery, their confidence in the future, and their calm acceptance of the difficult circumstances which have affected every one of them so vitally. At present our duties are light but we all stand in readiness for the more arduous tasks when they come.

A New Plan

As the annual Remembrance Day Ceremony in Ottawa is held at the National War Memorial rather than as formerly on Parliament Hill, the Executive Committee of the Canadian Nurses Association conferred with representatives of the Overseas Nursing Sisters Association of Canada as to the advisability of making a change in the service that has been held before the Nurses National Memorial on Remembrance Day and to the consideration of a commemorative ceremony that could be observed throughout Canada. At the June meeting of the C.N.A. Executive Committee, a plan proposed by the Overseas Nursing Sisters Association was endorsed unanimously. The plan is:

That a Vesper Service be held on the first or second Sunday in May each year, across Canada. The date is to be specified, and the service is to include all graduate nurses and graduating classes in schools of nursing. Services might be held in a different church each year, and in both Protestant and Roman Catholic churches. This service is to serve as a re-dedication of nurses to nursing.

That flowers will still be placed at the Nurses National Memorial on Remembrance Day, without formal ceremony, and that the nurses of Ottawa will participate in the service at the National Memorial on Remembrance Day and place poppy wreaths as usual.

This decision for a permanent type of

memorial service will be welcomed by nurses in the smaller centres as well as in the cities. The plan is announced at present so that nurses interested in arranging a Vesper Service as suggested will have time to discuss it in relation to their local situation. The Executive Committee of the Canadian Nurses Association will soon consult the Overseas Nursing Sisters Association of Canada in regard to a definite date in May 1942, in order that the date can be announced in the *Journal* for the months of March and April.

Miss Gray Retires

To the sincere regret of her friends and fellow-workers, Mabel F. Gray has resigned her position as assistant professor of nursing in the Department of Nursing and Health of the University of British Columbia. For the past sixteen years, Miss Gray has rendered invaluable service in building up an educational project which has steadily expanded in size and usefulness and now exercises a growing and vital influence on the teaching of nurses throughout Canada. The original purpose of the Department was to broaden the preparation of nurses by providing a combined course in nursing and applied science, leading to the University degree of Bachelor of Applied Science (Nursing), and to the diploma of the School of Nursing of the Vancouver General Hospital. As years went by, this purpose became wider in its scope and a one-year graduate course in public health nursing was added.

It is readily apparent that the nurse responsible for directing these courses requires unusual and varied qualifications and it was precisely in this respect that Miss Gray proved herself to be well prepared for a task in which she has achieved such outstanding success. For five years she was superintendent of nurses and principal of the School of Nursing of the Winnipeg General Hospital. She had served as registrar of the Saskatchewan Registered Nurses Association and had directed an interesting experiment in the training of nursing aides. She held the certificate in public health nursing conferred by Simmons College, Boston, and had undertaken additional study at Teachers College, Columbia University. She was thus able to share with her students a rich experience, acquired in various fields of nursing practice, as well as the integrated thinking of a cultivated and scholarly mind.

Her approach to the education of nurses, while fearless and enlightened, is eminently practical and sane. Because she knows from experience how difficult it is to reconcile the conflicting demands of nursing service and nursing education, she has had no illusions about the nature of the obstacles which she has had to overcome. That she did overcome them is due to the courage and tenacity that are so characteristic of her and to a lively sense of humour which has helped her to deal effectively with situations that might have been baffling if they had been taken too seriously. A logical mind and a gift for clear statement have enabled Miss Gray to make an outstanding contribution to the work of nursing organizations. She has served as honourary secretary and as first vice-president of the Canadian Nurses Association and has held office in various capacities in provincial organizations. She is particularly interested in the problems of private duty nursing and is now chairman of the Nursing Bureau committee of the Vancouver Graduate Nurses Association.

It goes without saying that Miss Gray's interests are by no means confined to nursing. She served for some years as convener of the public health committee of the Vancouver Local Council of Women and is now convener of its mental hygiene committee. She reads widely, and loves outdoor sports. She is a good swimmer, and enjoys golf and lawn bowling. Her latest accomplishments are gardening and driving a car. Because she is so well equipped to enjoy a life of leisure it is perhaps natural that she should seek it earlier than her friends might have wished. But we cannot hold a grudge against her, for we know that Mabel Gray will remain what she has always been—a clear-thinking, courageous leader, and a true friend of nurses and nursing.

A Clinical Study of Nephritis

HELEN McCALLUM

Morning conferences are held regularly in the medical department of the Hospital for Sick Children in Toronto. The best time has proved to be from 7.30 a.m. to 8 a.m., immediately following the taking of the night report. The patient chosen for this conference is one whose case presents good teaching material. The presentation is made by the students themselves and assignments are given out about five days in advance. References are recommended, and any assistance which may be required is given. Most of the work is done by the student during her hours on duty. Excellent reference books are kept on the ward and are available at all times. Following the presentation of these assignments, opportunity is afforded for questions and there is a discussion of important nursing factors.

The following study was recently made of a patient who had been treated in the medical service. The discussion was opened by the supervisor who indicated that the case of Evelyn C. had been selected for special study. She explained that this patient had been suffering from acute nephritis and had been discharged to her home on the previous day.

At the request of the supervisor, Miss Murray (an affiliate student) gave the history of the child's illness:

Miss Murray: This child was apparently in good health until about two weeks ago when she developed a severe cold and a mild sore throat. She did not stay home from school and the cold subsided after a few days. Her teacher noticed, however, that Evelyn complained of feeling dizzy when she was reading, that her vision was blurred and that she saw letters double. Later she complained of mild umbilical pain and of nausea although at first she did not actually vomit. Her mother noticed that her face and eyelids were swollen. She was admitted to the hospital with a diagnosis of acute nephritis and sub-acute tonsillitis. The principal symptoms were as follows: abdominal pain of 18 hours duration; puffiness of face and eyelids; urinalysis showed albumen 3 plus, no sugar, red blood cells.

The supervisor then requested Miss Rogers (a post-graduate student) to tell the group about the nursing care:

Miss Rogers: Complete bed rest was prescribed and an accurate record of fluid intake and output charted. There was no elevation of temperature so the patient was placed on the first stage nephritic diet, namely 1200 cc. of milk in 24 hours. Her general condition did not improve. The oedema persisted and the urinary output was diminished. Special care was given to the mouth which tended to become coated and crusted. Glycerine, applied to the tongue, helped to keep it clean and frequent mouth washings were refreshing. Particular attention was paid to the skin in order to keep the pores clean and to aid in the elimination of waste products. Frequent bed baths were given with warm water, care being taken that it was neither too cold nor too hot. Special care was given to her back and to the oedematous areas so as to prevent pressure sores. Wrinkles in the sheets were avoided and, because of the long period in bed, a cradle was kept over the child's feet to prevent foot drop.

Four days after admission new symptoms occurred; the patient vomited and complained of generalized abdominal pain and of pain in the occipital region. Her temperature was normal, but her face was more swollen. Magnesium sulphate was given but vomited immediately; ginger ale and sips of water were not retained. Later she slept at intervals taking small amounts of clear fluid when awake. At 6 a.m. the magnesium sulphate was repeated and retained. The total fluid intake for the night was nine ounces and the output only four ounces.

At 8 a.m. Evelyn complained of increasing nausea and a feeling of weakness. Early in the afternoon she began vomiting, felt dizzy, and had persistent pain in the occipital region. At 6.40 p.m. she had a generalized convulsion, due to increasing cerebral oedema. The patient was unconscious and one hour later her face and nails became cyanosed. During the seizure the presence of mucus in her throat made breathing difficult. At 7.35 p.m. magnesium sulphate 25 cc. were administered intravenously, followed by a lumbar puncture to withdraw fluid and relieve cerebral oedema. Magnesium sulphate was also given per rectum. No noticeable relief was obtained, the seizures recurring about every four minutes. At 8.30 p.m., 25 cc. of glucose 50% was given intravenously. A few minutes later a severe convulsion occurred, lasting longer than any of the previous ones. Following recovery from this seizure, Evelyn slept soundly for two hours but then became restless, complained of headache and abdominal pain. Clear fluid was vomited. A little later she was given Nembutal grs. I by mouth to relieve pain and restlessness. She slept at intervals during the remainder of the night and seemed improved by morning. She was unable to void urine during the night and had a slight elevation of temperature. Her fluid intake was 810 cc.

During the following day she remained quiet and listless and voided small amounts of urine frequently; 800 cc. of clear fluids were ordered; ammonium chloride grs. XXX were administered twice daily as a diuretic and magnesium sulphate was given as a purgative. By evening her fluid intake totalled 660 cc. and output 420 cc. Her diet was increased to stage 2 nephritic, that is a soft diet with little salt, low protein, and high carbohydrate. Fluids were not restricted and she continued to void large amounts of urine.

The patient progressed steadily and her diet was increased to stage 3; this includes a serving of meat or an egg once daily in addition to the stage 2 diet. Some days later, after continued improvement, a tonsillectomy was performed thus removing the chief focus of infection. The usual pre-operative orders were given and half an ounce of brown sugar was administered two hours before the operation in order to prevent post-operative acidosis.

Recovery was uneventful and four days later Evelyn was discharged. She is to remain in bed at home and to carry on with the prescribed magnesium sulphate. Syrup of ferrous chloride was also prescribed to overcome the secondary anaemia. Her mother was instructed to return within a week to the clinic with a specimen of the patient's urine for examination.

The supervisor then asked Miss Ham (H.S.C. student nurse) to mention the pertinent laboratory findings:

Miss Ham: On admission, Evelyn had red blood cells and albumen in her urine. The red cells denote severe inflammation of the glomeruli as does the presence of albumen. Her output was diminished and the urine had a concentrated reddish appearance. A few casts were also present denoting coagulated albumen and blood cells from the tubules. First the red cells disappeared, and then the casts. As her condition improved the albumen decreased from 3 plus to a faint trace and at the time of tonsillectomy the urine was normal. The blood chemistry was done on several occasions but only the first tests were abnormal. These indicated poor concentration and filtration of the kidneys allowing certain products to accumulate in the blood. Haemoglobin was 78% (normal 100%) showing evidence of secondary anaemia. A therapeutic lumbar puncture was also done but the findings of this were negative and it was essential to remove only a small amount of fluid very slowly.

The supervisor then called upon Miss Bennett (H.S.C. student nurse) to outline the bedside teaching given to the patient by Miss Bennett who at that time was on public health service and had made a visit to the home.

Miss Bennett: Evelyn had been fairly well instructed in all the basic health rules with the exception of diet. In her case the latter is extremely important because she is an Italian child and this race is very fond of highly spiced foods. I urged her to supplement her weekly bath by at least two or three additional baths and explained that the hands introduced many germs into the mouth which may cause a variety of diseases. Evelyn was told that the analysis of the urine is an indication of her progress and that any unusual appearance should be reported immediately. I also emphasized the necessity of sending specimens to the hospital as instructed. The importance of good teeth as a factor in health was explained and I encouraged her to brush her teeth at least twice a day in the proper way and pointed out that clean teeth and sweet breath helped to make her socially acceptable. She was urged to take part in as much outdoor exercise as possible when her condition warranted it but never to the point of fatigue.

My health teaching was concentrated on two points. I explained that her kidney condition in relation to her body was similar to a blocked sewer in which wastes accumulated. In order to clear up this condition she must pay particular attention to her diet and to the amount of rest she obtained. The foods to be avoided were salt, fruits, large amounts of fluids, foods high in fat and protein. Examples were given of each class.

Evelyn did not like milk but I encouraged her to drink it by suggesting that she take a small amount with every meal. Because absolute rest had been ordered I explained that she must stay in bed all the time without getting up even to go to the bathroom. I emphasized that attention to the doctor's orders would mean a bright healthy future in contrast with chronic illness.

A visit to her home one week after her discharge found her resting comfortably in a clean fresh looking bed in a quiet upstairs bedroom. Her dinner tray was brought in and was appetizing and well planned. An older sister who had had a course in household economics was in full charge and enjoying her responsibility. It was highly gratifying to see that Evelyn ate well and was drinking plenty of milk. I was very much pleased to find that my teaching was being followed and encouraged the family to continue their fine effort. The entire family was delighted with the visit and insisted that I stay for dinner. Her father and mother dressed up for the occasion, insisted on giving me a glass of wine and we dined well on excellent spaghetti.

No Tuberculosis for Me

HELEN F. CAHILL

I am a baby seven months old and I should like to tell you about my stay at the Nesbitt Memorial Wing of the Saint John Tuberculosis Hospital. Now I can just see you shudder and say "A young child like that with tuberculosis!" But you are wrong, I haven't got tuberculosis, but my mother had the disease and was in the main building of this hospital and was transferred to the General Hospital when I was born. Then, when my mother came back here they brought me along and put me in the children's wing.

They tell me I was rather an odd-looking individual when I came in, weighing only seven pounds, five and one-half ounces. But I was a very good baby and soon won the hearts of all the nurses. They put me on their standard formula which is made up of equal parts evaporated milk and water with corn syrup and lactic acid. I was given three ounces at ten, two, and six in the day time, and ten and six at night. I used to sleep right through the night, so I wasn't fed at 2 a.m. I gained on this, so everything was all right.

At first I was in a room by myself and I was bathed and weighed every morning, then fed, and then I would sleep most of the time. After I had been here a couple of weeks and was a month old they put me on Ostogen, minim 3 twice daily and I also got some orange juice. As I got older they increased my feedings and by the time I was four months old I was moved into the ward with the other babies. But I was the youngest, so some of the others had their noses put out of joint. In this ward things started to happen to me. First they came along with a needle and did a skin test on me. The first was an Intradermal of O. T. (old tuberculin) 1-10,000. They gave me 1/10 of a c.c. and it was negative in 48 hours. They gave me another Intradermal O. T. 1-1,000, 1/10 c.c. and this also was negative in 48 hours. So they gave me still another one, 1-100 and this was negative also. Now these skin tests proved that I had not been infected with tuberculosis. So you see, even though my mother had tuberculosis, by being taken away from her when I was born I was saved from getting it.

I thought after getting those three needles they would leave me alone for awhile. But one morning when I should have been getting my bottle they brought in some goo which they called Pablum and tried to put it in my mouth. I didn't like it and I just spat it out, but they were more persevering than I, and they won. Later they gave me mashed banana, then part of an egg, baked potato and puree vegetables. Some of the vegetables I liked very much and some I disliked heartily. I do wish they would stop trying new things on me. Then every so often some one will come along and say: "How many teeth?" Then they look at my gums. But I certainly have been keeping them in suspense, because so far I haven't any teeth.

You would think that skin tests and new foods would be enough for anybody. But no, they had to give me a series of three needles which are to keep me from getting diphtheria, and they thought that I got along so well with these they came along with five more to keep me from getting scarlet fever. I was sure then that I couldn't get anything, but one of those weaker children developed measles and I had to have some Immune Globlin. This wouldn't really keep me from taking measles but if I should take them it would make my case lighter.

I weigh nineteen pounds now. They used to weigh me every morning and then twice a week, but now I get weighed only once a week. At first they kept me pretty well bundled up, which wasn't any fun because I couldn't kick, but now I don't have any blankets on and can kick all I want to, and I do have a grand time. I used to get bathed in a little basin but now I get right in the tub and do I splash! I really think I shall be a grand swimmer soon and I practise every morning. Now my life is very much just routine, but I always keep a rather wary eye on the doctor when he comes in to see what he is going to do next.

Author's Note: This little parable is just to give you an idea that prevention of tuberculosis in newly born infants is important and necessary. If this child had not been taken from his mother at birth he would probably have come to us at a later date, suffering from pulmonary tuberculosis, but now he is a healthy child and has no tuberculosis infection.

Obituaries

LAURA FALLON died recently. She was a graduate of the School of Nursing of the Hamilton General Hospital, and a member of the Class of 1935.

ELEANOR GEE died recently. She was a graduate of the School of Nursing of the Hamilton General Hospital, and a member of the Class of 1934.

MRS. R. W. RICHARDSON (Doris Thomas) died recently. She was a graduate of the School of Nursing of the Hamilton General Hospital, and a member of the Class of 1934.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Joint Conference of Directors of University Schools of Nursing and the C.N.A. Executive Committee

It is recalled that in June last the Executive Committee of the Canadian Nurses Association held an extraordinary interim meeting when several special problems had to be solved. In the intervening months other acute problems having arisen, it became evident that another specially arranged meeting was necessary. Because those acute problems related to nursing service and to nursing education it was deemed advisable to invite representatives from University Schools of Nursing to meet with the Executive Committee. Each provincial association was urged to send at least one official representative and it was suggested that those representatives might be accompanied by other members who due to their thorough knowledge of nursing service and nursing education could contribute to discussions.

The meeting was held in Montreal on September 29, 30, and October 1, 1941. The Universities were represented as follows: Western Ontario—Miss Mildred Walker; Toronto—Misses E. K. Russell, F. H. M. Emory and N. D. Fidler; Ottawa—Sisters Godefroy and Helen of Rome; Montreal—Mother Allaire, Misses Martineau and Giroux; McGill—Misses Lindeburgh and Mathewson; Laval—Miss Beaumier; Saskatchewan—Miss K. W. Ellis; British Columbia—Miss Grace M. Fairley, on request, as staff members were unable to attend.

The Provincial Associations' representatives and guests were: Alberta, Miss K. Connor; British Columbia, Miss E. Mallory, registrar; Manitoba, Misses McKee and G. M. Hall, registrar; New Brunswick, Miss MacMaster, honorary treasurer, C.N.A.; Nova Scotia, Miss M. Jenkins; Ontario, Misses Church and Brewster; Prince Edward Island, Miss K. MacLennan; Quebec, Miss Flanagan, Sister Valerie, Misses Batson, Albert, Holt, Munroe, and Upton, registrar; Saskatchewan, Miss Diederichs.

Others present were Miss Maude Hall, acting chief superintendent of the Victorian Order of Nurses for Canada; Miss W. Cooke, secretary of the Hospital and School of Nursing Section (C.N.A.); Miss Maisie Miller; Miss Ethel Johns, editor and business manager of *The Canadian Nurse*; and the Executive Secretary.

All sessions were conducted by the president, Miss G. M. Fairley, supported by the second vice-president, Miss Lindeburgh, and the honorary treasurer, Miss MacMaster. The first vice-president, Miss E. L. Smellie, Matron-in-Chief, R.C.A.M.C., was present during a session.

The representatives of Departments of Nursing in Canadian Universities were invited to meet first by themselves for informal discussion of nursing problems under the following main objectives: (1) to maintain now and to improve gradually the quality of nursing services in all fields; (2) to maintain an adequate supply of properly qualified nurses for all positions; and (3) to safeguard the professional standards against the employment of all types of unqualified people in the practice of nursing.

The University representatives held sessions on Monday, September 29, and again on Tuesday morning, then joined the Executive Committee. From then until Wednesday evening the agenda of the Executive Meeting was arranged to fit in with joint discussions of the main objectives coupled with conclusions reached by the university group. Finally, the Executive Committee adopted recommendations submitted by the University representatives together with plans for putting these recommendations into effect, namely,

A. *Recommendations*:

1. That conditions most fundamental to the welfare of student nurses and to their professional education be improved, and thus attract better candidates to nursing schools. The special points approved are (a) the eight-hour day and the ninety-six hour fortnight be applied at least during the preliminary term; (b) the permitting of student nurses to live at home at least during the preliminary term.

2. That the policy of the central preliminary school be approved and that such schools be set up in one or more centres where it seems advisable to undertake the experiment.

3. That, through careful and immediate planning, better and fuller use be made of facilities for existing post-graduate courses. The following points are stressed: (a) the enrolment of more candidates; (b) the better selection of candidates; (c) the development of particular post-graduate courses which may be needed to meet new demands upon the nursing profession.

It is suggested that a wide approach be made now to the directors of nursing schools: that the directors of these schools select now, for post-graduate courses next year, certain graduates (or seniors very nearly at the end of their training); that, when this is indicated, the directors plan a programme of experience for these selected people to occupy the months intervening before the post-graduate course starts; and that the directors help the selected students to make the necessary financial arrangements.

4. That in-service education be extended and enriched. One suggestion is that a visiting instructor be made available to improve the clinical teaching of inexperienced head nurses and instructors.

5. That married and retired nurses be recalled to active service, and that some method be arranged for bridging the gap for those who have been away from service for some length of time.

6. That general duty nurses be given better professional status as members of the nursing staff of the hospital and that consideration be given to a higher rate of remuneration for their services.

B. *The plan to put these recommendations into effect*:

As the war emergency has produced such grave professional problems as well as possible opportunities, unusually forceful measures should be adopted to implement the above recommendations and these should take precedence over other professional activities at present. Therefore it is recommended that funds be voted for the purpose of salaries and that an immediate appointment be made of a senior member of the profession, who will be temporarily released from her present duties, to take charge of the whole programme here set forth and, after the original appointment, additions shall be made, as a French nurse.

The nurse thus appointed should

work with the President and Executive of the Canadian Nurses Association and with the Provincial Associations and with all appropriate committees; and further, should be prepared to travel in order to make personal contacts in various parts of the country.

C. *An immediate plan of action by the Canadian Nurses Association*:

1. That an immediate programme of publicity be arranged and that this be wide-spread, including an approach to the Federal and Provincial Governments, to all possible professional bodies and hospital authorities, to public health authorities and to the public at large.

2. That an appeal for funds be made to the Federal and Provincial Governments in order to meet the needs of nursing services which have expanded so greatly under war conditions.

Committees were appointed to implement with least possible delay action as required in Sections B and C.

Executive Committee Meeting

The agenda for the Executive Committee Meeting, held on September 30 and October 1, 1941, was kept to minimum requirements in order to allow adequate time for thorough discussion of the recommendations arising from the conference with the directors of University Schools of Nursing. Reports by Standing Committees included the following interesting announcements:

Programme Committee: the convener reported that the President of the International Council of Nursing and the President of the American Nurses Association have accepted invitations as guest speakers at the General Meeting in 1942.

Nursing Education: the convener of the Committee on Nursing Education reported progress in putting into effect certain decisions made at the General Meeting 1940: (1) the preparation of additional teaching material for the use of nurse instructors in the teaching of first aid classes; this material will be available shortly. (2) it is of interest to learn that the St. John Ambulance Association in London has consented to the revision in Canada of the Home Nursing text book, adapting it to Canadian practice. The Committee is making a study of post-graduate clinical experience with the following objectives: (1) to determine the types and quality of post-graduate courses which are at present being offered in hospitals throughout Canada; (2) to set up standards and to make recommendations for the improvement of existing courses; (3) to encourage hospitals which possess adequate educational and clinical facilities to develop post-graduate courses.

Miss Miller Joins Staff at National Office

Miss Maisie Kathleen Miller, whose appointment as assistant to the Executive Secretary of the Canadian Nurses Association was announced in the May 1941 issue of the *Journal*, came to National Office for October 1. Fortunately Miss Miller was able to reach Montreal in time to attend the joint conference of directors of University Schools of Nursing and the Executive Committee of the Canadian Nurses Association.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

Alberta:

Calgary: General Hospital Alumnae	$175.00
General Hospital Staff	12.50
Holy Cross Hospital Alumnae	79.00
Cardston: Municipal Hospital Staff	10.00
Edmonton: University Hospital	22.75
Royal Alexandra Hospital Staff, Private Duty Staff and Student Government	44.25
Lethbridge: District Number 8	53.50
Student Association, Galt Hospital	46.00
Stettler: Graduate Nurses Group	10.00
Individual Nurses	47.00

Nova Scotia:

Antigonish County Branch	4.00
Cumberland County Branch	9.42
Halifax Branch	5.50
Nursing Sisters, Aldershot Camp	9.25
Pictou County Branch	19.50

Ontario:

District 5: A.A., Toronto General Hospital	150.00
Nursing Staff, Peel Memorial Hospital, Brampton	7.54
Graduate Staff, Hospital for Sick Children, Toronto	6.00
District 5: Nursing Sisters, Military Hospital, Camp Borden	47.00
Toronto Branch, Victorian Order of Nurses	5.00
Toronto Department of Health, Public Health Nurses Association	23.00
District 6: Cobourg Nurses	121.75
Nurses, Ontario Hospital, Cobourg	21.21
District 7: A.A., Kingston General Hospital	24.50
Graduate Nurses, Ontario Hospital, Kingston	118.00
Three nurses in Smiths Falls	10.00
District 9: New Liskeard Nurses	137.50
St. Mary's Hospital, Nurses Alumnae, Timmins	10.03

Nightingale Memorial Fund

A donation to the Florence Nightingale Memorial Fund has been received from:

New Brunswick:

The Graduate Nurses of New Brunswick	140.00

Nursing Service, R.C.A.M.C.

The following appointments have been made in the Nursing Service of the Royal Canadian Army Medical Corps: Miss L. E. Thomas has been transferred from Petawawa Military Hospital and is now Matron at the Debert Military Hospital. Miss K. B. Harvey has been transferred from No. 7 General Hospital and is now Matron at the Petawawa Military Hospital. Miss M. H. Ogilvie has been appointed Acting Matron at the Esquimalt Military Hospital. Miss E. E. Rossiter has been appointed Acting Matron at the Nanaimo Military Hospital. Miss S. Miles has been appointed Acting Matron at the Sussex Military Hospital. Miss H. Howe has been appointed Acting Matron at the Toronto Military Hospital. Miss A. M. Waters has been appointed Sister-in-charge at the Fort Osborne Military Hospital. Miss F. M. Brohman has been appointed Sister-in-charge at the Chorley Park Military Hospital. Miss M. C. Crawford has been appointed Sister-in-charge at the Rideau Military Hospital. Miss E. I. C. Smith has been appointed Sister-in-charge at Lester's Field Military Hospital, Newfoundland. Miss M. B. MacNeill has been appointed Sister-in-charge at the Aldershot Military Hospital, Nova Scotia. Miss S. J. Roberts has been appointed Nursing Sister at Military Headquarters.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Progress Report

ETHEL M. GRINDLEY

Almost five years ago a public health nurse was appointed for the first time to the staff of the School of Nursing of the Montreal General Hospital. This was the result of the recommendation made in the Proposed Curriculum for Schools of Nursing that a fully qualified and experienced public health nurse should be responsible for strengthening and co-ordinating the preventive and health aspects in the education of the students. She would also be in charge of the student health service and the general plan of field experience and observation visits in the community would naturally be her responsibility. In *The Canadian Nurse* (November 1937, and September 1938) there appeared two articles, entitled "Getting on with our Knitting" and "Public Health in Schools of Nursing", in which Miss Esther Lewis told how this experiment was begun and carried on in the Health Service of the School of Nursing of the Montreal General Hospital. This article will take the form of a report of the progress made since that time.

At present the students are introduced to the elementary principles of public health in their preliminary term. We seek to encourage her to take more interest in her own health for, in order to be a good nurse, she must first have an appreciation of what health means and also be willing to practise health habits herself. From health records kept for each student nurse, it is possible to present the following data relating to the work which is now being carried on by the public health nurse in the Health Service.

It is well known that there is a higher incidence of tuberculosis among nurses than in any other professional group of the same background. One important point in the control of tuberculosis is the annual physical examination including chest x-ray. This is carried out in the Health Service at the beginning of each year, and also just before the nurse graduates if she has not had a chest x-ray during the last six months. Mantoux tests, starting with a dilution of O.T. 1:10,000, are done on all our students, and negative Mantoux tests are repeated annually. Our records show that the percentage of students who show a positive Mantoux to O.T. 1:10,000 is 28 percent. Of this group 66 percent come from urban areas and 34 percent from rural areas. Fourteen percent of our students had a positive Mantoux to O.T. 1:1,000 and of this group 62 percent were from urban areas and 38 percent were from rural areas. From the group of students who were given O.T. 1:100 42 percent showed a positive Mantoux and our records show that 56 percent were from urban areas and 44 percent from rural areas. We should be interested in learning if these findings correspond with those of other schools.

The program of immunization for scarlet fever provides interesting figures. At the beginning of their training, all students are given the Dick test, and those who show a positive reaction receive five doses of scarlet fever toxin. The Dick test is repeated in two weeks following the fifth injection, and nurses who still show a positive reaction are given two additional doses of toxin. We have had no cases of scarlet fever since this program was begun. The percentage of susceptible students is as follows: 1938—50 percent; 1939—29 percent; 1940—54 percent; 1941—33 percent. In Bolduan's "Public Health and Hygiene", the author says that the percentage of people of twenty years and over who are susceptible to diphtheria is about 20 percent. From the following figures, compiled from records of student nurses, we have found a much higher percentage who show a positive Schick reaction: 1938—33 percent; 1939—60 percent; 1940—62 percent; 1941—41 percent. This may be due to the fact that a good many of our nurses have not yet reached their twentieth birthday, and also that a large number come from rural areas.

Our records offer food for thought on the part of administrators. Since the institution of Health Service, a total average of 1391 days has been lost annually through illness by a total average of 200 student nurses. We can also show from statistics that more nurses are off duty due to illness from January to April inclusive than during all the remaining months of the year. From January to April the wards are crowded and the work usually very heavy. The student nurses must carry an extra load and one wonders what influence the provision of additional workers at this time might have in reducing the incidence of illness.

Our object is to encourage student nurses to report minor ailments early, to make them health conscious and thus reduce the added cost of nursing service caused by their absence from duty. Good feet play a most important part in the health of any individual particularly in that of a nurse. All students entering our School of Nursing are advised not to purchase their shoes until their feet have been examined by an orthopaedic surgeon who prescribes the type of shoes they should get. It has been found that, out of a group of about 200 nurses, 42 had from a mild to a moderate degree of pronation, and 16 students were referred to the physiotherapy department for corrective foot exercises. The trend in foot health is upwards, and more and more we hope that, as a result of Health Service, it will not be necessary for any student to have corrective foot exercises.

During the influenza epidemic of 1940, 42 nurses were off duty due to illness during the period of December 12 to 23. The average number of days thus lost was only 5.7. We should like to think that due to health teaching the nurses reported just as soon as they felt ill, and hence prevented the spread of disease among themselves and their patients, and lessened the time lost by illness.

We have shown some of the results achieved by following out one recommendation of the Proposed Curriculum, namely, health service. Other recommendations are being carried out, but it is more difficult to evaluate the results. We hope that at a later date we may be able to give evidence that further progress has been made.

The Public Health Nurse as a Teacher

DAVID H. RUSSELL

I do not need to emphasize to public health nurses the important part that teaching plays in your professional activities. Day in and day out, whether you like it or not, you are teaching health skills, habits, and attitudes. Whether you intend it or not, every day because of you children and adults are acquiring good, bad, or indifferent health practices. Not only in your visits to schools and homes, but, in the case of some of the rural workers at least, in your contacts with school boards and other municipal bodies or clubs, you are all trying to establish a point of view regarding health. You have a message, a message of social and individual significance, which you are trying to convey. That is, through your words and actions, you are teaching young and old. What you have to teach has never been more important than it is today; it is so vital to the individual and the community that we just can't afford to do a poor job. Accordingly, it seems worthwhile to consider one part of your work, the teaching done by the public health nurse.

It is important also to review the teaching methods of the Public Health nurse because so often that teaching is not well done. A number of investigations have revealed that the nurse's teaching is not always of the best quality. Many of you will recall the Survey of Public Health Nursing in the United States (published by the Commonwealth Fund in 1934.) This research study rated the quality of our main parts of the public health nurses' work. It found that the best part of the work was the approach—the initial contacts the nurse makes with people. The next best was her technique—the actual care given patients, the use of the nursing bag and its contents. The third in order was the adequacy of care given during the visits. But the lowest on the list, the poorest, was the teaching done. In other words, the public health nurse was not taking advantage of good contacts made at the beginning of a visit, not giving permanent help to families visited. If this condition is true of many different centres of the United States it probably is also true in Canada. After all, much of your training has been on nursing techniques so that is probably what you as a group do best. Accordingly, it may be helpful to suggest six principles of learning and teaching and mention a few ways the public health nurse can apply these in her work.

Educational psychology cannot tell us completely yet what learning is. We don't know exactly what goes on in the brain or other parts of the nervous system when we say we learn. However, psychology has developed some guides, some principles regarding learning and teaching and these public health nurses, as well as others, may use.

The first principle widely accepted today is: *Learning is essentially an active process.* We learn by doing. A person learns only when he is reacting to some stimuli. Education is no longer thought of as a pouring-in process; a teacher or nurse is not a filling station hand pouring knowledge from a larger tank to a smaller one. Mere factual knowledge is not enough; it must work. This is particularly true of health knowledge. I knew one school in a very poor district where each morning the teacher had the pupils get up and recite health rules in unison. Each day the children said, "I will brush my teeth at least twice a day" and there wasn't a toothbrush in the whole district. And so with all health knowledge, it is useful only if it functions. Accordingly in your contacts in home and school, it is not enough to tell people, you must actually see them do it. There is no point in telling Jimmie he has bad teeth and they should be fixed; see that the school dental service reaches Jimmie; if it doesn't, ask for better service or get service clubs of the town to help. There is no point in just telling a sixteen-year-old girl how to care for her invalid mother; actually have her go through the preparation of the food or do the bathing, or whatever it is, while you are there.

Further, you should not only employ "doing" yourself but encourage your teachers to use it. One fifth grade formed rotating committees to look after their cloakroom for drying out coats during wet weather. Another junior high school room borrowed a light meter from an electric company and tested the illumination in different parts of its room on bright and dull days. Another room inspected desks in March to see if any child had outgrown the desk fitted to his size in September. These children learned cold prevention, care of eyes, and good posture because they were doing something about them. In your school or home see that the children and their parents actually carry out the activities necessary to health. An officer of the Maternity Center Association of New York City tells of the jingle one expectant father wrote after classes to prepare men for fatherhood. It ran something like this: "I went to school to read and write—but I come here to pin and dipe." This nursing organization seems to use learning by doing.

A second principle of learning is this: *It is essential that the learner shall have a motive or impulse to learn.* There must be a readiness to learn, a felt need for improvement, a problem to be solved, an obstacle to be overcome, before learning takes place. When people have motives of hunger, thirst, rest, desire for social approval, or curiosity they learn quickly. In your own work, and in advising teachers regarding their work in health, place much emphasis on incentives. Today schools do not use many extrinsic incentives in the form of competitions or awards. Younger children become interested in their own health by monthly checks on height and weight, particularly if they can keep graphs of their own progress. Experiments in feeding white rats or guinea pigs arouse curiosity and prepare the way for certain desirable food habits. A third-grade grocery store or a unit on clothing may be social studies activities originally, but they are also sources of motivation regarding healthful foods and clothing in relation to health. In home visiting, the nurse may appeal to the desire for health, to the parents' wish to do something for the children, and the urge for the approval of the neighbors or others. These are all definite incentives. The public health nurse who is working directly or indirectly with adolescents has a sure appeal in the desire for good personal appearance. All teen age girls, and boys too, want good complexions, attractively arranged hair, good posture and other characteristics closely related to habits of healthful living. The successful public health nurse then, in her own work or in her help to teachers, stresses motivation in the learning of health habits.

The third principle of learning is this: *Learning is more efficient when it is accompanied by pleasant emotional experiences.* The alert school nurse makes the pupil's visit to her office a happy occasion; the visiting nurse makes her visit to a home the most cheerful part of the day for the persons in it. Experiments have shown that children especially may improve a little after a scolding but that this gain is soon lost and that consistent gains come with praise. If an underweight pupil has gained some weight, if a clean handkerchief is being carried regularly, if the adults at home have made even small attempts to improve ventilation or cleanliness, these efforts must be rewarded with your approbation. Public health nurses are important persons in their communities; your approval or disapproval carries weight. We all like the approval and good opinions of others and will go to great lengths to earn it. In your daily work, then, be careful to give approval to positive efforts towards healthful living.

A fourth principle of learning is: *New learning must be based on what is already known.* Your help to people must vary in terms of what the people already can do. In one district you may visit a woman who knows a lot about nursing; in another home you find no knowledge of even elementary sanitation. Vary your work. An old negro, when asked the secret of his success, replied, "Ah nevah attempts the impossible, and ah always co-operates with the inevitable." Your teaching then must be practical rather than ideal; it must start at the present stage of development of the learner. With most people, for example, it is wise to avoid technical nursing terms. If you visit a home don't speak of "rubella" when "German measles" will do, of "irrigation," or "toxoid," "prophylaxis" when simpler terms mean more. Make your information, with most people, very specific and direct. All teaching can only build on what is already there.

A fifth principle of learning and teaching is: *People remember better things that are meaningful and things that are reviewed.* If facts have little logical relationship, little meaning, we forget about 75 per cent of them in the first 48 hours. Accordingly, when you want someone in the homes you visit to absorb ideas regarding pre-natal care, or tuberculosis control, or infant feeding, show them if possible, the reasons for your suggestions. As your hints have meaning so they will be remembered. Furthermore, we do most of our forgetting at first, so review as soon after teaching as possible. When you see a school child for the second time or make a call at a home, one of the first things to do is to review with the patient or her family the information you gave on the previous visit. This review is essential to teaching success. If you want the families in your district to remember what you have told them, give them reasons for what you suggest, sum up the main points at the end of your visit, and review the material regularly.

The last principle I shall mention is: *We learn motor skills, such as those involved in nursing, efficiently by observation of a good performance and by models.* Careful observation, after all, is a form of doing. After I saw Perry and Tilden play tennis in Madison Square Garden, my tennis game was better for a couple of weeks anyway. I'm sure you all demonstrate now such things as how to bathe the baby, how to make a bed, how to give a back rub. Similarly, in talking with teachers, impress upon them the importance of such demonstrations. Most demonstrations should be done once as a whole, then more slowly so your group of mothers, for example, can see the parts of the activity and you can explain it; then perhaps you may do it once again as a whole procedure. In teaching motor skills, psychologists recommend usually doing as a whole, then by parts, then as a whole again. This applies to your demonstrations and to the learner's practice, the "doing" we mentioned as our first principle of learning and teaching. Use models and demonstrations, then, particularly if your pupils have some knowledge of the subject, demonstrate procedures by the whole, parts, whole method.

Since we should review frequently let us repeat the six principles of teaching and learning:

Learning is an active process.

The learner's motives or incentives greatly influence his learning.

Learning is more efficient when it has pleasant accompaniments such as your voiced approval.

Learning must start at the stage where learner now is.

The material to be learned must be meaningful and must be reviewed for good remembering.

We learn efficiently by directed observation and by models.

Sometimes there is not enough contact between teacher and nurse. The typical thing is to exchange notes a few times a month about children suspected of communicable diseases; little is done to link up medical service and classroom living, to integrate the different parts of the health program. In Vancouver a joint committee of teachers and nurses has been formed to study ways of coordinating the work of health teachers and the school nurse. This is a very significant task and I should like to suggest two things in this regard:

1. Please be ready to co-operate with the school in every way. Your schools need your expert help in many ways. Don't feel that your duty is done when you have checked some boys and girls who may be ill. Try to take part in the whole health program of the school. Even if it is a trial for you, continue to speak to teachers' meetings when you have a chance. Give your teachers some suitable reference materials on health needs of children. If you read a particularly good article in *Hygeia* or some similar magazine, or find a good health play, pass the word along to your teachers. Help your teachers to observe signs of physical difficulties among their pupils. Most teachers can observe, with a little help, such signs as squinting, nail-biting, turning the head to hear and extreme listlessness. That is, work as an expert to make a contribution to all parts of the school health program.

2. Please know something yourself about modern teaching methods, about trends in school practices. (I might say that public health agencies have contributed a great deal to the improvement of the teaching of health.) Before you can help a teacher much, you yourself must know what is going on in the classrooms of the modern school. Do you know that the alert teacher today is concerned with social and emotional development as much as physical and mental development? (Incidentally, since there is this social emphasis, public health goes with the best in new curricula.) Do you know that the good teacher does less formal and artificial teaching than she once did? Teachers use all types of activities—construction, excursions, games, projects as never before. For a good account of what the modern school is like, I should recommend to you Lee, M. and Lee, D., "The Child and His Curriculum" (D. Appleton—Century Co., 1940). School is a freer place than it was. We believe that primary children, particularly, should relax part of the school day; they should put their heads on their hands on their desks for a while, listening, perhaps, to soft music from a phonograph. Do you know what is back of the unit type of organization as used in the British Columbia Programmes of Studies? The ideas behind the unit would

take a whole evening to explain, but briefly it is an attempt to get away from isolated bits of health information, to organize the course in large topics around the problems of boys and girls. These units may last for six or eight weeks and draw from many fields such as history, geography, and general science. Can you assist a teacher in organizing a modern unit on health? Do you know the marks of a mentally healthy person? As an approach to mental hygiene, particularly from the teacher's point of view, I should like to recommend to you a book by three Canadian authors—Griffin, Laycock, and Line's "Mental Hygiene" (W. J. Gage & Co., 1940). Do you know what is being done in safety education today? Such questions as these may be answered affirmatively by public health nurses who know about modern education. Teachers and nurses can learn from one another; I look to the day when there will be closer co-operation between the two groups. In these perilous days, when the ideals of democracy are being attacked on all sides, health and health education loom even more largely on our educational horizons. If we are to have a vigorous, flourishing democracy we must have a healthy people.

A New Position at the U.B.C.

The appointment is announced of Mary Elizabeth Henderson, B.A.Sc. (Nursing), as instructor in the Department of Nursing and Health in the University of British Columbia. After completing the five-year combined course in nursing and applied science offered by the University of British Columbia and the School of Nursing of the Vancouver General Hospital, she served as a public health nurse in Saanich, Vancouver Island, and later as a supervisor of the nursing staff of the Metropolitan Health Committee of Greater Vancouver. In 1939, she was awarded a scholarship by the Canadian Nurses Association in order that she might take the course offered in London under the auspices of the Florence Nightingale International Foundation. Shortly after she arrived in England

Mary Elizabeth Henderson

the war broke out and the course had to be withdrawn. Pending arrangements for her return to Canada, Miss Henderson volunteered for duty in Britain and was assigned to Addenbrooke's Hospital in Cambridge and, as soon as she returned to Canada, the Canadian Nurses Association made it possible for her to take the course in public health and administration offered by the School of Nursing of the University of Toronto.

This new position has been created to fill a need felt by both the University and the Hospital and will serve as a link between the two institutions. It will secure a greater degree of unification and integration of the various divisions of the course through having, in the University, a member of the staff who knows the content of the Hospital courses and, in the Hospital, a representative from the University who will consult with supervisors and instructors regarding the progress of the students. Miss Henderson will be able to confer with the students and to assist them both to get and to give more during the Hospital division of the course. She will also give lectures in public health and assist in other ways in interpreting the objectives of preventive medicine to the student group.

It is extremely gratifying that these duties are to be assumed by a nurse who has herself taken the combined course offered by the University and the Hospital, and whose post-graduate studies were made possible through a scholarship awarded by the Canadian Nurses Association.

O.N.S.A. News-Letter

Correspondence, concerning many things of mutual interest, has been received by the Executive Committee during the summer months from sixteen of the seventeen member units of the Overseas Nursing Sisters Association of Canada and this, to say the least, is most gratifying. As the majority of the Units have expressed opposition to the proposed revision and reprinting of our Official Directory, this project has been abandoned for the time being. The Units supporting the suggestion were Calgary, Montreal, Saint John, Vancouver, and Victoria, the Calgary Unit recommending that the Sisters pay a nominal fee for each copy, to defray the greater part of the expense involved.

Member Units are urged to send in all news items before November 4 in order that our Christmas News-Letter may be on time, and good. Contributions to our special fund for British nurses are solicited, and members asked to increase personal sacrifice in order that we may make our Christmas gift to the Royal College of Nursing truly worthwhile. The financial statement, recently issued to all Unit secretaries, indicated the condition of our exchequer at the moment. An additional subscription from the Toronto Unit is gratefully acknowledged bringing the total contribution received from that Unit up to $400. We were very pleased to greet many old friends recently during the sessions of the biennial meeting of the Canadian Hospital Council in Montreal, among them was Miss Pearl Morrison of the Toronto Unit.

Our Association membership for the year 1941 is 711.

E. FRANCES UPTON,
Secretary-treasurer.

WANTED

Applications are invited for the position of **Superintendent** in the **Soldiers' Memorial Hospital, Campbellton, New Brunswick.** The applicant must be qualified to carry on the teaching program of the Training School for Nurses. The application should state qualifications, religion, age, experience, and salary expected, with two letters of recommendation. Apply to:
Chas. A. Alexander, Secretary-Treasurer, Board of Trustees, Campbellton, N.B.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Turning Over a New Leaf

M. Blanche Anderson
Chairman
Hospital and School of Nursing Section, Canadian Nurses Association

At the time of writing, the leaves everywhere are a riot of colour during the last lovely days of Autumn. By November, these leaves will be gone, but a new leaf, to last through all the seasons, will celebrate its first birthday. This leaf too should be a source of interest and pleasure, though in quite a different way. It is a leaf in *The Canadian Nurse*, and it will carry "the page" of the Hospital and School of Nursing Section of the Canadian Nurses Association. Partly, this leaf owes its birth to the youngest branch of our nursing family for, like parents who must bestir themselves to keep pace with the developing knowledge and interests of their offspring constantly in search of new activities, the Hospital and School of Nursing Section was given a challenge when, a few months ago, with all the ardour of youth, the Public Health Section set out to sponsor its own page in our professional magazine.

Recently, the Executive of the Hospital and School of Nursing Section, supported by the provincial sections, decided that the zero hour had struck and that they too must go over the top. Miss Gertrude Ferguson of Ottawa is the first national convener of publications for the Section and, with the ready response of the provincial sections, she will draw on the resources of all the provinces. Nor is there any lack of material. From coast to coast of our country are to be found hospitals of all sizes and types. Staffing these hospitals are nurses whose experience ranges from that of the very recent graduate whose ideas and ideals have yet to stand the hard test of practice to those who, through many years of meeting the necessities of their job, have come to face realities while still retaining high ideals of attainment and service. Whether as contributors or readers, this Page belongs to them. From the experienced will come counsel and ballast, while the younger members will bring enthusiasm and a spirit of high courage and adventure. The interests of all members of the Section will be considered, head nurses, supervisors, instructors, and administrators, as well as that new and important group of general duty nurses from which all the others will in future replenish their numbers.

Hospital schools of nursing are feeling the stress and strain imposed upon them by conditions resulting from the war. In this they are only sharing the common lot of today which calls for a stiffening of morale and for greater effort. Present hardships may not be so much a cause of alarm as a testing which should show up the strengths and weaknesses of our present system of nursing education. We stand at what may well be an important turning point. Let us look at the signs with care. From that large group of young nurses whose opportunities for preparation have been so much greater than in times past, and whose experience has been long enough and broad enough to develop their capacity for accomplishment, this Page looks for much. We count upon their understanding and willingness to serve.

Exchange of ideas, discussion and comparison, are always desirable, but the rapid development of scientific medical knowledge makes them more and more important. Today, a nurse must indeed be well informed. What better medium than *The Canadian Nurse* can be found through which Canadian nurses may pool their knowledge and experience and so help each other in solving common problems, thus developing sympathy and understanding amongst us as we strive towards a common goal.

Never before have nurses had so great an opportunity for leadership and service as today. Let each one of us do her bit to make this "leaf" in *The Canadian Nurse* a vital factor in the development of nursing in Canada.

Saskatchewan Is Out In Front

For many years Saskatchewan has seemed a land of weary and heart-broken settlers struggling vainly against the cruel visitations of suffocating sand-storms, of parching drought, of icy blizzards sweeping from the north over the flat plains. But, in spite of these testing trials, Saskatchewan has another story — a wonderful and arresting one. Saskatchewan has a health record which in many points places it in the vanguard in the war for a strong and vigorous Canada. Its death rate for tuberculosis is the lowest in the Dominion and, more important still, in the world. And in its fight against maternal mortality it has a shining record, for in this young part of the country where babies are plentiful, its low maternal death rate of 2.5 per thousand living births was matched by only one other province, Prince Edward Island, while the maternal mortality rate for Canada was 4.2 — its lowest rate. These figures, the last available, are from 1938 records. To add further lustre Saskatoon, one of the two large cities of the province, proclaimed that "not one single mother died" in that year, while in Regina the death rate was 0.7. Saskatchewan also stretches its slender resources to the limit to guard the health of its children, and to provide essential health services.

WANTED

Applications are invited for the following positions in a 225-bed general hospital in Ontario: **Supervisor for Pediatric Ward**
Night Supervisor

Full particulars concerning age, nationality, religion, educational qualifications, and professional experience should be given in the applicant's first letter. Please enclose references, and state salary expected. Applications should be addressed in care of:
Box 5, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.

STUDENT NURSES PAGE

The Case of Little Walti

EVA KEILSON
Student Nurse

School of Nursing, Royal Victoria Hospital, Montreal

Little Walti was born as an eighth baby, his eldest brother being 18 years old. His father works in a lumber mill and has a hard time earning enough money to support the large family. His mother is an observant, intelligent, and understanding woman who, in spite of all the financial struggles and difficulties, manages to bring her children up in a clean home and to give them wholesome, well-balanced meals, fresh air, and sunshine. One day, when nearing the completion of his first year of life, he showed signs of a slightly sore throat, his temperature went up to 102° and he was troubled by a harsh cough. After three days he had severe difficulty in breathing with marked cyanosis of the lips and fingertips. His mother took him to a doctor who found that his throat was lined with a grayish membrane which could not be removed easily. Consequently, he was referred to the hospital for contagious diseases where his condition was diagnosed as laryngeal diphtheria. He immediately received 30,000 units of antitoxin and an intubation was performed.

However, the intubation did not keep the air passages to the lungs sufficiently free to relieve the dyspnoea and he coughed out the tube so often that an emergency tracheotomy had to be performed. He had a nurse, all his own, who watched him closely and changed the inner canula of the tracheotomy tube whenever there was a sign of clogging or cyanosis and applied the suction machine when an accumulation of mucus had to be removed. The tracheotomy tray was kept near his bed complete with the duplicate canula, gauze sponge, dressings, sterile vaseline, sterile water, alcohol, and bandages. The dilator was also kept ready for immediate application if the tube should not work properly.

Day and night, the nurse had to wipe off the mucus discharged through the tube before it could be drawn in with the next breath and to change the dressing when it became soiled. The inner tube had to be removed every hour, cleaned, sterilized, and replaced on the tray to be ready for use. The outer tube was frequently changed by the surgeon and the edges of the wound kept free from irritation with sterile ointments. The nurse had to be on constant watch for any sign of oesophageal obstruction, such as coughing and choking immediately after meals. She concerned herself especially with good mouth hygiene and applied gauze moistened with warm saline over the opening of the tube to moisten and filter the inspired air thoughtful of the fact that this function normally is performed by the nose and pharynx.

To make a long story short, little Walti gradually recovered. But when the usual attempts were made to bring him back to normal respiration without the tracheotomy tube, it was found that he was not able to remain without it for more than a few minutes. In addition, he had completely lost his voice and had become "a child crying without a sound of voice".

He stayed in the hospital for infectious diseases for six months and was then referred to our Hospital for treatment. He was then eighteen months old, an intelligent little chap, with quite a bad temper and spoiled by his life in hospital. A laryngoscopy showed a complete stenosis of the larynx with the exception of a very small opening through which only the smallest sized bougies could be passed. Laryngoscopies were repeatedly performed, followed by attempts to dilate the laryngeal stricture with larger bougies each time. Always, after a short interval the stricture was found to have closed down again and to be covered with granulation tissue. It was decided to wait till a knife could be used to make an incision between the vocal cords in order that bougies could be passed for further dilatation.

After nine more months, Walti was discharged for the summer to recuperate, and his mother took him home. Then he was readmitted for operation to remove granulation and scar tissue for the relief of the laryngeal stenosis. Although no operation has been performed as yet, his general health is being built up in preparation for it. He has had frequent dilatations, and seeing that the vocal cords are in good condition, he is expected to learn to talk after the operation and to get rid of the tracheotomy tube.

Little Walti presents perhaps a rather unusual nursing problem because his nursing care is post- as well as pre-operative. Particular attention has to be paid to his tracheotomy tube and irritation of the skin from the tube as well as from discharge is avoided by mild ointments (Walti prefers zinc oxide). He must be protected from respiratory infections and signs of bad temper must be watched carefully because, in such a gay and amiable child, they most likely have some systemic and organic cause. It must never be forgotten that he has not the common means and ways of children of his age to express himself. It is rather a moving sight to see him sitting in his little bed, both fists bored into his eyes and tears streaming down his face. You cannot ask him: "What's the matter?", but have to inquire in a special way: "Is it this that bothers you, or is it that?" And, according to whether your guess is right or wrong, he will nod or shake his head or get up quickly while you are bending over him, put his arms around your neck and his little wet cheek to yours, which means that he is not ready to stay in bed, but insists on being taken for a walk down the hall.

A plan of nursing care for Walti is not concerned as much with curative nursing as with health nursing. As a special problem, we have a child of two-and-a-half years who has been in hospitals for eighteen months and has never talked although he has a great understanding vocabulary. He begins his day with having his teeth, face and hands washed and then eating his breakfast. If the weather is nice, we take him for a walk. The fresh air stimulates all his body functions and increases his appetite for dinner after which he is put to bed. He plays for a while, but then creeps under his blanket and goes to sleep till supper. He usually sleeps right through the night and his tube, which has been changed a few times during the day and just before he goes to sleep, usually does not need changing until the early morning hours.

His diet is well balanced and he has been trained to eat whatever is brought him. Hygienic elimination used to be a problem but if he is taken to the bathroom at regular short intervals his bed stays dry and he even calls us and makes it clear that he wants to be taken to the toilet. A few times he even went alone and locked himself in. That he forgot to take his panties off should really not be mentioned here, but I do not think this fact will diminish our obvious success in the teaching of health and hygiene.

What will become of Walti if the planned operation does not prove successful and he will not be able to talk? We have to be prepared and to prepare him for this eventuality. We have to begin now to show him that even if he cannot talk like other children do, he is not inferior and is just as able to make himself understood, and to achieve by other means than language whatever he wants. Walti is extremely bright for his age and much more sensitive and understanding than other children. Therefore we have to be careful lest a psychological wound, as for example an inferiority complex, result from his surgical wound. There is no danger of this as yet, as shown by the following attempt which is rather unusual for a child of his years. I was in the nurses' office when Walti came running in, pulled excitedly at my apron, and pointed towards the far end of the ward. Something made me take him seriously and I asked him: "Do you want me to come down with you?" Eager nods. We hurried down and I found a post-operative patient in trouble. Walti watched me fixing her up and then after I had deliberately thanked him very much, strolled off to continue his play.

Walti is not ready for his discharge and for the outside world yet and may not be for quite a while. Besides all our curative and health nursing, which we can perform unconsciously by teaching him a regulated well-planned day, we have to keep all these psychological signs and symptoms in mind as important factors in the basis of a child's education, especially a child whose horizon has so far been restricted to a hospital.

M.L.I.C. Nursing Service

Miss Gabrielle Bernier, (St. Michel Hospital, Mastai, 1933), who has been on the Frontenac Nursing Staff, Montreal, reported to the School of Nursing, University of Montreal, to take the course in public health nursing. Miss Bernier has been granted a scholarship by the M.L.I.C.

Miss Alice Girard (St. Vincent de Paul Hospital, Sherbrooke, 1931, and University of Toronto public health nursing course, 1940) of the Mount Royal Staff, Montreal, has been granted a leave of absence for study towards the degree of B.Sc. in nursing at the Catholic University of America, Washington. Miss Girard was the recipient of an A.R.N.P.Q. scholarship.

Miss Helene Talbot (Notre Dame Hospital, Sherbrooke, 1933, and University of Montreal public health nursing course, 1940) was transferred from the Frontenac Staff to Three Rivers, where she and *Miss Berthe Poirier* are in charge.

The N.B.A.R.N. Annual Meeting

The twenty-fifth annual meeting of the New Brunswick Association of Registered Nurses was held in Newcastle on September 17 and 18 with the president, Rev. Sister Kerr, in the chair. The meeting was opened with prayer and the mayor of Newcastle gave the Association a hearty welcome. In her presidential address, Sister Kerr paid tribute to the pioneer members of the Association and outlined the progress made along various lines, especially in education. Sister Kerr also spoke of the great loss which our Association has sustained in the retirement of Miss Maude E. Retallick who for seventeen years has rendered such splendid service as secretary-treasurer-registrar.

The report of the secretary was given by Miss Retallick who stated that the membership of the Association is now 951. The report of the treasurer was also given by Miss Retallick and showed the financial affairs of the Association to be in good condition.

The legislation committee report was presented by Miss B. Gregory and told of a proposed amendment to the Registration Act whereby nurses who are registered and are in good standing in any other province or country and whose qualifications are not below the standard required by the Act may be registered without examination. In her report of the enrolment of nurses committee, Mrs. G. E. van Dorsser said that a Red Cross outpost hospital has been opened on Grand Manan Island and that meetings have been held with the Canadian Red Cross Society. The report of *The Canadian Nurse* committee, presented by Miss H. Cahill, noted that a number of articles had been contributed by our members.

In her report of the hospital and school of nursing section, Miss M. Myers stated that questionnaires had been sent out to the hospitals of the province to obtain opinion on various matters of method and policy. Under the leadership of the Section a refresher course had been organized in Saint John. This course was conducted by Miss Marion Lindeburgh, director of the School for Graduate Nurses, McGill University, and proved extremely successful. Miss A. Burns reported for the public health section and noted that the Section had co-operated with the training schools by giving lectures to the students and supervising their field work. The report of the general nursing section, presented by Miss Myrtle Kay, showed a shortage of private duty nurses.

Miss A. J. MacMaster reported that a scholarship of $250 had been awarded to Miss E. R. Trafton who is taking a course in public health nursing at the University of Toronto School of Nursing. This scholarship will be awarded again next year. The reports of local chapters all showed a very active year. There was no election of officers but the following appointments were made to fill vacancies which occurred during the year: Honourary secretary, Miss L. Bartsch of Saint John; convener of the committee on instruction, Miss Boyd of St. Stephen; council member from Moncton, Rev. Sister Anne deParadis. Miss Alma Law was appointed to succeed Miss Retallick as secretary-treasurer-registrar.

Among the interesting papers which were presented was a study of nursing care in poliomyelitis made by Miss Felsing. An excellent description of the care of paralyzed muscles in poliomyelitis was given by Miss Walker, a graduate physiotherapist, formerly associated with St. Thomas's Hospital in London. Miss Maisie Miller gave a vivid account of the year that she spent in London as an international student. The story of Elizabeth Innis, a pioneer nurse in the early days of Saint John, was given by Miss A. Burns. Sister Kerr presented a gold wrist watch, suitably engraved, to Miss Maude E. Retallick in appreciation of her faithful service to the Association during the last seventeen years. At the annual dinner, the guest speaker was Dr. N. A. M. MacKenzie of the University of New Brunswick. Upon this happy occasion, the St. Stephen Chapter of the N.B.A.R.N. presented a birthday cake with 25 lighted candles in honour of the silver anniversary of the founding of the New Brunswick Association of Registered Nurses.

C. Louise Bartsch,
Honourary Secretary.

Book Reviews

Nutrition in Health and Disease, by Lenna F. Cooper, B.S., M.A., M.H.E., Chief, Department of Nutrition, Montefiore Hospital, New York City; Edith M. Barber, B.S., M.S., Lecturer on history of cookery, Teachers College, Columbia University; and Helen S. Mitchell, B.A., Ph.D., Director of Nutrition on the staff of the Coordinator of Health, Welfare and Related Defense Activities Federal Security Agency. Eighth edition completely revised. Illustrated. 709 pages. Published by J. B. Lippincott Company; Canadian Agents: Medical Arts Bldg., Montreal. Price, $3.50.

The emphasis laid on nutrition in the program of defense and re-construction, both in the United States and Canada, makes particularly timely the appearance of the eighth edition of this well and favourably known text and reference. The joint authors, each of whom is an authority in her own field, have effected an excellent coordination of the various phases—nutrition, diet therapy, and culinary practice, thus conforming closely with the recommendations put forth in the proposed curriculum for schools of nursing in Canada. The sound and up-to-date information found in this book will be welcomed by workers in many fields upon whom rests the responsibility of interpreting to the layman the relationship of food and health. Part One deals with normal nutrition in keeping with the recent progress in the wider application of nutrition information. This section includes the recommendations of the Committee on Foods and Nutrition of the National Research Council, representing the consensus of opinion of the leading scientists in the United States. Part Two, on diet in disease, follows the modern trend of using the normal well balanced diet as a basis for all modifications. Among the new dietary procedures reported is the Meulengracht diet for bleeding ulcers. Part Three gives a comprehensive treatment of the feeding of the mother and child both under normal conditions and in illness. Part Four, nutrition in the public health program, stresses the fact that not only the individual, but the family and the community set-up must be considered in any nutrition planning. Wise food selection and careful preparation are essential in transforming recommended food lists into nourishing and attractive meals. Parts Five and Six, revised to include a section on inexpensive family-sized recipes, admirably meet this need. In Part Seven, completely revised food tables provide the latest findings in a form convenient for quick reference.

MARION HARLOW, B.SC. (IN H.EC.),
Nutritionist with the
Victorian Order of Nurses,
(Montreal Branch)

Food and the Family Income: Low cost recipes. A booklet prepared by the Nutrition Committee of the Health Service of the Federated Agencies of Montreal. Second edition revised. Published by J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price, 25 cents postpaid. Reduced rates for quantities may be arranged with the publishers.

One could almost set up housekeeping, in a modest way, with the aid of the material in this very practical booklet of seventy pages. A splendid introduction covers the outstanding facts about food in relation to health and the housewife is directed to buy and prepare food carefully to ensure that eating will be fun. The none-too-popular subject of budgetting the family income follows and is made very practical with sample budgets. The family food budget is elaborated upon. Actual food needs, based on the recommendations of the Canadian Council of Nutrition, are listed for children of different ages, and for adults. Using this list, the homemaker can readily check the adequacy of her weekly family food supply. Menus are suggested for providing good nutrition at moderate cost, and seasonal changes are taken into consideration.

The greater part of the booklet is composed of recipes—grouped logically and indexed carefully in the last pages. Such a wealth of sound and economical cookery practice is supplied that even the good cook will learn many new ways of food preparation. She should also take a much keener interest in the preservation of food values after reading the informative material under each special group of recipes. Fireless cookers are recommended for saving fuel and details of their construction are given. There are interesting paragraphs on the use of left overs, cleaning materials to use, meal suggestions using a single-burner stove. Also hints on buying and time-saving methods are outlined and they all contribute to the variety in this small booklet.

The Nutrition Committee responsible for the compilation is to be congratulated on its revision of "Food and the Family Income", at a time when we are being exhorted to build and preserve our national health as a contribution to the war effort.

MARGARET S. MCCREADY,
Director,
School of Household Science,
Macdonald College.

Nursing in Prevention and Control of Tuberculosis, by H. W. Etherington, M.D., M.R.C.P. (London), Chief of Clinic of the Henry Phipps Institute, University of Pennsylvania; and Fannie Eshleman, R.N., B.S., Supervisor of Nurses of the Henry Phipps Institute; Lecturer on Tuberculosis Nursing, Department of Nursing Education of the University of Pennsylvania. 316 pages. Illustrated. Published by G. P. Putnam's Sons; Canadian Agents: McAinsh & Co. Ltd., Toronto. Price, $3.50.

Much has been said and written of the complementary role of doctor and nurse in modern medicine. This book not only shows clearly how the nurse assists the physician in the prevention and control of tuberculosis, but it is in itself a happy illustration of collaboration. The most outstanding feature is that it is so practical. If the subject is tuberculin testing, the authors describe it in all its aspects. The substances commonly used in the detection of allergy are discussed; the techniques of von Pirquet, the Mantoux test, the patch test and others are outlined. Equipment for the intracutaneous tuberculin test (Mantoux) is given, with details on how to prepare both equipment and dilutions. The method of giving, and how to read and record the test are clearly explained. Later, the authors consider the advantages and disadvantages of using the test when a tuberculosis case-finding survey is contemplated.

It is recommended that a tuberculin test should be done on all student nurses on admission to the school of nursing and those who fail to react should be retested at three-month intervals as long as they are tuberculin-negative. In this way important information on the time of first infection may be obtained. Nor do the authors hesitate to speak plainly. In the chapter on prevention of tuberculosis among nurses they state that, "the incidence of this disease is higher among undergraduate and young graduate nurses than among other women of the same ages. Although it is possible that the liability to progressive disease is enhanced by work, study, and insufficient rest, there can be little doubt that contact with recognized and unrecognized cases of tuberculosis in hospital wards is largely responsible for the frequency with which tuberculosis attacks young nurses. In order that the graduate nurse shall be convinced of the value of the health measures she will be expected to advocate, it is essential that, as a student nurse, she become familiar with her own health record and with the reasons for the recommendations of various tests and examinations." Under the caption of prevention of contagion, they have this to say about public-health teaching: "Recent studies of the effectiveness of health teaching of tuberculosis patients by public health nurses show very definitely that the contagious character of the disease is not understood. Records of patients being treated at home show that considerable emphasis is placed on the care of dishes, while little or nothing is said about prevention of dissemination of bacilli when the patient coughs, or about the examination and disposal of sputum."

Possibly enough has been given to suggest the stimulating and informative quality of the book. The material is arranged under the following general topics: pulmonary tuberculosis—history, epidemiology, etiology, pathology, symptoms; the diagnosis of tuberculosis; treatment of pulmonary tuberculosis; the management of pulmonary tuberculosis and its complications; tuberculosis and pregnancy; collapse therapy in pulmonary tuberculosis; tuberculosis in infancy and childhood; tuberculosis case-finding; prevention of tuberculosis among nurses; nursing in the treatment of tuberculosis; the prevention of contagion; tuberculosis dispensary or clinic; family health service; family case study; rehabilitation. In the words of the authors, these pages have been prepared for the instruction of public health and institutional nurses and as a suitable nurses also.
guide in the instruction of undergraduate

Doctors Don't Believe It — Why Should You?, by August A. Thomen, M.D., with introductions by Logan Clendening, M.D., and the Right Honorable Lord Horder. 384 pages. Published by Simon and Schuster, New York City. Price, $2.50 in the United States.

The title of this book is rather misleading for while there is considerable exposure of fallacies this device is really used to introduce constructive advice on what to do. The information is authoritative, timely and interesting. The chapters are arranged in sections, each headed by a provocative question based on a commonly held misconception. What is the truth about spinach? Apparently the nutritive value of "this symbol of parental anxiety, intolerance and domination" has been considerably overrated. Next time your hostess offers you lobster and ice cream at the same meal, don't refuse: "if foods are digestible by themselves, they cannot form an indigestible mixture." In a very sensible discussion on food, diet, and weight reduction fourteen special diets for weight reduction are given. Aware of the tendency of mothers to give a laxative to relieve any abdominal pain, the author explains why no cathartic should be given until the possibility of appendicitis has been ruled out. The dangers connected with the so-called children's diseases, such as measles, scarlet fever, whooping cough and chicken pox are pointed out. Good reasons are advanced to show that it is unwise to expose children intentionally to infection with the idea that they are certain to contract the disease eventually. The chapters on venereal disease and cancer are particularly valuable with special emphasis on the improved prognosis with early treatment. There is a comprehensive index.

History of Nursing Notebook, by Elizabeth M. Jamieson, B.A., R.N., Formerly Director of Nursing, Fabiola Hospital, Oakland, California; and Mary Sewall, B.S., R.N., Instructor, San Joaquin General Hospital, Stockton, California. Sixth edition. Published by J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price, $1.50.

This publication is precisely what the title implies, and is printed on heavy paper, perforated to fit the standard three-ring looseleaf notebook. It does not aim to replace other source materials, but is intended to be put into the hands of student nurses as a guide to the study of nursing history. The book is divided into fifteen sections dealing with the major influences which have shaped the practice of nursing. The section headings include the following: early religious and scientific influences; influence of Christian religion; secular influence; scientific influence in medicine; development of schools; wars; organization as an influence; scientific influence in nursing education; government services.

In each section a brief outline is provided, certain representative characters are suggested for further study, and a list of carefully selected references is included. The bibliographies are particularly helpful in directing the student to relevant articles in the nursing journals as well as to books. A limited number of outline work-maps are also provided. Extra sheets can be added by the student for notes from her own reading or class discussion. A special page has been included for the history of the school with which the particular student is associated. Varied colours have been used for the pages, to indicate periods of progress and retardation, an arbitrary device which means little in the study of periods and influences which merge so gradually. While it is true that certain sub-sections have been written primarily for use in American schools, in this new edition a real effort has been made to provide more adequate and accurate information regarding British and Canadian developments. The section, "World wide View of Nursing," includes a four page supplement on nursing in Canada. The history of the pioneer hospital and nursing school in each province is outlined briefly, as well as the development of public health nursing in Canada. As in other sections, an up-to-date bibliography is attached. The Canadian Supplement will help to meet the need of teachers who have been handicapped by the lack of material relating to pioneer nursing in this country.

In the hands of an inexperienced teacher, an outline of the type presented in this Notebook might easily prove dangerous, but the skilful instructor will use it, not as a short cut to history of nursing knowledge for her pupils, but as a means of stimulating intelligent study of the evolution of modern nursing.

MARY S. MATHEWSON,
Assistant Director,
School for Graduate Nurses,
McGill University.

Why I Like Private Duty

FLORENCE TRITT

When I began my training I said to myself "Can I stick to a routine like this for three years?" But I did. I learned to get up at six—but never liked it. I learned to go to bed at ten—but never liked it. I learned many things. Now the three years were over. Now I had to readjust myself once more. It seemed just as difficult to get up, and I still found myself nodding at ten. Again I was at the beginning of a new experience. I was going to do private duty nursing. I was going to be a "special". I had my bag packed. I went over every item very carefully. I sat and waited for the telephone to ring.

When my first patient was bathed, fed, and asleep, I was ready to rush off to the next one. I realized with a start there was no next one. I had only one patient to care for; I could relax now, and give my undivided attention to her comfort. I could do all the little things I had always wanted to do and never had time for. My patient was uncomfortable. She was having pain. Should I give the morphia now? I started to rush out to ask the supervisor. Suddenly I stopped. This was *my patient*. I must use my own judgment. It was up to me to know. No more asking "should I?" each time something was to be done.

My patient had a cold—a steam tent was ordered. But it was a home case. How to make a steam tent in a house? I had to take things as I found them. I had to learn to use and adapt what was on hand. I had to make it work as efficiently as possible and get the maximum result. I had, above all, to find things quickly and not bother an already worried family. My patient had relatives, many of them. "The window should be closed", said one. "Oh, no", said the other, "fresh air you know". "Perhaps", I murmured, "just open enough, but not too much".

My patient wasn't just quite certain, and I did so want to go to that party. Was I to come back on duty again? I wasn't to come back, but I didn't know until too late. I wasn't master of my own fate. My patient was. The registry was. The telephone was.

Do I like private duty nursing? I do. My patient is mine. After a hard day's work, after caring for a very exacting patient or a very sick one I still get that certain feeling when I see her resting comfortably. I'm still as fussy as an old hen about her only chick. I like that feeling of confidence that I know she has in me.

The Child in Wartime

A series of eight talks on child guidance are to be presented on Tuesdays from November 4 to December 23 inclusive, at 5 p.m. AST; 5 p.m. EDST; 3 p.m. CST; 2 p.m. MST; 1 p.m. PST. To assure the Canadian child of a normal upbringing in the present world crisis is the problem confronting parents, nurses, and teachers everywhere. Dealing with various phases of this problem, the Canadian Broadcasting Corporation has arranged talks by outstanding authorities in child guidance and health in the series, "The Child in Wartime" which will be heard over the national network on Tuesdays, November 4 to December 23 inclusive. It is suggested that parents, nurses, teachers, and other students of child guidance avail themselves of this opportunity to organize listening circles and discussion groups to hear, first hand, the opinions of Canadian experts in this field. The schedule is as follows:

November 4: "Wartime Aims in Child Training", speaker, Dr. C. M. Hincks, General Director, National Committee for Mental Hygiene, Canada.

November 11: "The Emotional Needs of the Child", speaker, S. R. Laycock, Professor of Educational Psychology, College of Education, University of Saskatchewan.

November 18: "Training for Self Discipline", speaker, H. E. Smith, Associate Professor of Educational Psychology, College of Education, University of Alberta.

November 25: "The Child and his Parents", speaker, Dr. C. M. Hincks, General Director, National Committee for Mental Hygiene, Canada.

December 2: "Home and School Partnership", speaker, S. R. Laycock, Professor of Educational Psychology, College of Education, University of Saskatchewan.

December 9: "The Child's Physical Health", speaker, Dr. Grant Fleming, Chairman, Department of Public Health and Preventive Medicine, McGill University.

December 16: "The Child and his Future", speaker, H. B. King, Chief Inspector of Schools, Provincial Department of Education, Victoria, B.C.

December 23: "The Child and his War Service", speaker, Dr. C. M. Hincks, General Director, National Committee for Mental Hygiene, Canada.

At the end of this series, the eight talks will be published in pamphlet form and distributed free on request by the National Committee for Mental Hygiene, Canada, 111 St. George Street, Toronto.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Margaret Brisbin, a graduate of the Ontario Hospital, Toronto, and of the postgraduate course in public health nursing, has been appointed to the staff of the Chatham Branch, replacing *Miss Marjorie Ashie* who resigned to attend the course in public health nursing, University of Western Ontario.

Miss Elma Ward, a graduate of the

Victoria Hospital, London, and of the post-graduate course in public health nursing, University of Western Ontario, has been appointed to the staff of the Montreal Branch.

Miss Eleanor Fraser, who was employed temporarily on the Montreal staff, has resigned to attend the School for Graduate Nurses, McGill University.

Miss Jessie Addison, a graduate of the University Hospital, Edmonton, and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the Winnipeg staff.

Miss Eileen Cruickshank and *Miss Margaret Ellwood*, graduates of the Victoria Hospital, London, and of the post-graduate course in public health nursing, have been appointed to the staff of the Border Cities Branch.

Miss Jean Shirley, who was appointed to the Montreal Branch on August 1, has resigned.

Miss Elizabeth George, a graduate of the Women's College Hospital, Toronto, and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the staff of the Yarmouth Branch.

Miss Margaret McLachlan, a graduate of the Toronto General Hospital, and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the staff of the Cornwall Branch, replacing *Miss Kathryn Porteous*, who has resigned to be married.

Miss Marjorie Scarr, a graduate of the Calgary General Hospital, and of the post-graduate course in public health nursing, University of British Columbia, has been appointed to the staff of the Fredericton Branch, replacing *Miss Harriet McGeary* who is being transferred to the Peterborough staff.

Miss Grace Stephenson, a graduate of the Saint John General Hospital, N.B., and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the Montreal staff.

Miss Hazel Ingram, who was on leave of absence from the Order, has been appointed to the staff of the Winnipeg Branch, replacing *Miss Lillian McKenzie* who resigned to enter the School for Graduate Nurses, McGill University.

Miss Mariette Bouchard, formerly on the staff, has been appointed nurse-in-charge of the Sherbrooke Branch.

Miss Kathleen Tapp, a graduate of the Holy Cross Hospital, Calgary, and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the staff of the Burnaby Branch, replacing *Miss Alice Vey*, who resigned to be married.

Miss Lyle Ferguson, a graduate of the Toronto General Hospital, and of the post-graduate course in public health nursing, University of Toronto, and *Miss Madeline Herbert*, a graduate of St. Michael's Hospital, Toronto, and of the post-graduate course in public health nursing, University of Toronto, have been appointed to the Toronto staff.

Miss Alberta Upshall has been transferred from the staff of the Montreal Branch to the Hamilton staff.

Miss Blanche Bishop, a graduate of the Ontario Hospital, Toronto, and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the staff of the Toronto Branch.

Miss Anne McNicholl, who has been relieving on the Ottawa staff, has been appointed nurse-in-charge of the Amherst Branch, replacing *Miss Amy Holden* who is on leave of absence from the Order.

Miss Evelyn Watton, a graduate of the Sick Children's Hospital, Toronto, and of the post-graduate course in public health nursing, University of Toronto, has been appointed to the Liverpool staff, replacing *Mrs. Fooks* (May Rumney) who resigned.

Miss Harriet Brydon, formerly nurse-in-charge of the Digby Branch, has been reappointed nurse-in-charge, replacing *Miss Thelma Steeves* who resigned to be married.

Miss Helene Rousseau, a graduate of the St. Sacrement Hospital, Montreal, and of the post-graduate course in public health nursing, University of Montreal, has been appointed to the staff of the Ottawa Branch.

Miss Henrietta Kerr has resigned from the staff of the Brantford Branch to attend

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the post-graduate course in public health nursing, University of Toronto. *Miss Mary Thomas* is being transferred from the Montreal staff to fill the vacancy in the Brantford Branch.

Miss Hattie Empey is being transferred from the Montreal staff to receive the appointment of assistant to the nurse-in-charge of the Victoria Branch.

Miss Annette Martin has been transferred from the Hamilton staff to take charge of the Guelph Branch, replacing *Miss Anna Fennell* who has resigned to be married.

Miss Doris Blackall, formerly on the Border Cities staff, has been appointed nurse-in-charge of the Leamington Branch, replacing *Miss Arlie Wright* who has been transferred to the staff of the Porcupine Branch.

Miss Dorothy King has been transferred from the Montreal staff to the Kitchener staff, replacing *Miss Jean MacFarlane*, who has accepted an industrial nursing position.

Miss Jean Grant Smith has resigned from the Toronto staff to accept a position with the Toronto City Health Department.

Miss Vera Bruegeman has been transferred from the Kitchener staff to take charge of the Weston Branch, replacing *Miss Essie Kain* who has been appointed nurse-in-charge of the Porcupine Branch.

Miss Constance Leleu is on leave of absence from the Hamilton staff for three months to take charge of the Sackville Branch, replacing *Miss Georgina Byers*, who has resigned to join the R.C.A.F. Nursing Service.

Miss Orella Whalley has resigned from the Hamilton staff to be married.

Miss Helen O'Meara has resigned from the Ottawa staff to take up other work.

Miss Adele Campbell has resigned from the Montreal staff to be married.

Miss Helen Anderson has resigned from the Peterborough staff.

Miss Marion O'Neill has resigned from the Peterborough staff to join the South African Military Nursing Service.

Miss Emily Keegan and *Miss Mary Galvin* have resigned from the Montreal staff to take up other work.

Miss Mary McIlquham has resigned from the Border Cities staff to take a post-graduate course in surgical nursing.

Miss Jean Sterne and *Miss Frances Girvin*, who were employed temporarily on the Hamilton staff, have resigned to take post-graduate courses in public health nursing.

NEWS NOTES

ALBERTA

At a meeting held recently by Edmonton District 7, A.A.R.N., fifty-six nurses were present. The treasurer, Mrs. Porritt, stated that four $100 Victory Loan Bonds had been purchased. The registry reported a very busy summer. The registrar, Mrs. MacKay, stated that the total number of calls from May to August was 592. Nurses on call varied from 41 to 56. Requests for practical nurses totalled 71. Our representative to the conference of all women's associations stated that 3000 ditty bags were required for the Mercantile Marine and that numerous articles were needed. It was decided that each member be responsible for the contents, in part or in full, of each ditty bag.

Donations throughout the province for the British Nurses Relief Fund amounted to $1372.80 of which approximately half was collected in District 7. However, members were urged to put forth even a greater effort so that each and every nurse would donate her share to this deserving cause.

The entertainment committee were responsible for two films being shown—"The Home Front" (What Canadian women are doing for the war effort) and "Refugees of the War", depicting the evacuation of children in Britain. The next meeting will be held on November 10, 1941.

A recent meeting of Red Deer District, No. 6, A.A.R.N., was in the form of a supper held at the Rocky Mountain House Hospital. An interesting time was spent in examining the curios and pictures Miss K. Hermanson, matron of the Hospital, had brought from Formosa, where she had formerly nursed. An inspection of the hospital followed. It was decided that the fall project should take the form of knitting for the Red Cross.

A presentation was recently made to Mrs. H. E. Duggan, past president of the Red Deer District, No. 6, before she left to reside in Calgary. Mrs. Chas. Humber (formerly Miss Laura Allyn), the first president of the Red Deer District, No. 6, has recently returned to Alberta from England.

BRITISH COLUMBIA

The Registered Nurses Association of British Columbia recently held a special general meeting. There was a good attendance, with representatives from all parts of the province present. A copy of the proposed revision of the Registered Nurses Act had been mailed to all members several weeks previous to the meeting with a request for nurses to study it and to submit their criticisms. The president, Miss Margaret Duffield, opened the meeting by expressing to Miss Mary Henderson (convener) and other members of the Legislative Committee the thanks and appreciation of the Association for the time and effort which had gone into the preparation of the revision. The meeting was then turned over to Miss Henderson, who presented the new Act clause by clause, permitting time for analysis and discussion, and the evaluation of suggestions previously submitted by the members. After a session lasting over three hours the meeting was adjourned, leaving the members with some realization of the amount of time and thought involved in such an undertaking.

Isobel Chodat, M. A., has been appointed co-ordinator of Nursing Services for the Metropolitan Health Committee, Vancouver. Miss Chodat, who was given a fellowship from the Rockefeller Foundation, returned recently after completing a year's post-graduate study at Teachers College, Columbia University, where she received her M. A. degree.

Mary Henderson, M. A., supervisor of Metropolitan Health Unit No. 3, has been appointed to the Department of Nursing of the University of British Columbia. Dorothy Shields, a member of the staff of Metropolitan Health Unit No. 3, has been appointed in Miss Henderson's place.

Vancouver General Hospital:

The Alumnae Association of the Vancouver General Hospital recently held its first meeting for the fall season. Several members contributed to the program which was entitled "Holidays in Retrospect". The convener for war work reported parcels of tea sent to graduates in Britain during the summer. Plans are being formulated for

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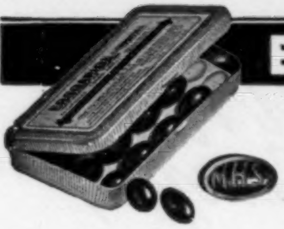

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more extensive participation in war activities.

Each year the Alumnae Association sets aside a sum of money for scholarships and loan purposes. Awards were made this year to Miss Julia Walters (1928) for post-graduate study at McGill University, and to Miss Allena Croll (1919) to visit public health centres in Eastern Canada and the United States.

NEW BRUNSWICK

SAINT JOHN:

Miss Margaret Murdoch, Miss Marion Myers, Miss Lyla Belding, and Miss Louise Bartsch, of the staff of the S.J.G.H., attended the annual meeting of the N.B.A.R.N. held recently at Newcastle.

The Thorne Scholarship of the S.J.G.H. has been awarded to Mrs. Lauretta Naylor (S.J.G.H., 1941) who is taking a course in instruction and supervision at the School for Graduate Nurses, McGill University.

Miss Alma Law, a graduate of the S.J. G.H., 1916 has been appointed secretary-treasurer-registrar of the N.B.A.R.N. Her office will be at the Health Centre, Saint John.

Miss Louise I. Peters (S.J.G.H., 1923) has been appointed as assistant superintendent of nurses at the S.J.G.H., Miss Frances Congdon (S.J.G.H., 1937) as supervisor of the fifth floor, and Miss Marie White (S.J.G.H., 1940) as assistant supervisor on night duty.

The following graduates of the S.J.G.H. have volunteered for service in South Africa and are expecting to leave in the near future: Fern Townsend, Marian McAfee, Dorothy Brown, Ina Wetmore, Helen Stevenson, Estelle McCluskey, and Cavell Lewis. The staff of the S.J.G.H. entertained recently in honour of Miss Margaret Goldsmith who is also leaving soon for South Africa and presented her with a gift.

Miss Helen Cahill, Miss Emily Timmons, and Miss Florence Fraser attended the annual meeting of the New Brunswick Association of Registered Nurses which was held recently at Newcastle.

Miss Coleman and the nurses of the Saint John Tuberculosis Hospital recently entertained at an afternoon tea at which the honor guests were Miss Dorothy Brown and Miss Maureen O'Brien, who are leaving soon for South Africa, Miss Isabel Love, who has accepted the position of instructress at the Fredericton Hospital, and Miss Mary English, who is leaving the Hospital. Our medical superintendent presented each guest with a gift and wished them all good luck.

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NOVA SCOTIA

KENTVILLE:

The annual meeting of the Valley Branch was held recently at the Western Kings Memorial Hospital, Berwick. The following officers were elected: President, Miss A. Richardson; first vice-president, Miss E. Purdy; second vice-president, Miss M. Spence; secretary, Miss H. Elliot; treasurer Mrs. Rod. Grant. A history of the organization and progress of the Valley Branch for the past six years was prepared and read by Mrs. H. Mack.

Married: Recently, Miss Elizabeth Dodge (Yarmouth Hospital) to Capt. Wm. H. Clarke.

Married: Recently, Miss Phoebe MacDonald (Payzant Memorial Hospital, Windsor) to Lieut. Earl Craig.

NEW GLASGOW:

Aberdeen Hospital:

Miss Helen L. Wilson has accepted the position of superintendent of nurses at the Aberdeen Hospital. Miss Wilson is a graduate of the Winnipeg General Hospital and of the School for Graduate Nurses, McGill University, Montreal.

Mrs. Ruth MacCormick (A. H., 1940), who has recently taken a post-graduate course in obstetrics at the Royal Victoria Hospital, Montreal, has accepted a position on the staff of the Aberdeen Hospital as day supervisor in the obstetrical department. Miss Jean Johnson (A. H., 1941) and Miss Elva Muirhead (A. H., 1941) have recently accepted positions on the staff of Eastern Kings Memorial Hospital, Wolfville, N. S.

Married: Recently, Miss Dorothy Anthony (A. H., 1939) to Mr. MacKay Smith.

Married: Recently, Miss Frances Saunders (A. H., 1941) to Mr. Smith Sutherland, R.C.A.F.

Married: Recently, Miss Viola Young (A. H., 1937) to Mr. Paul Kenney.

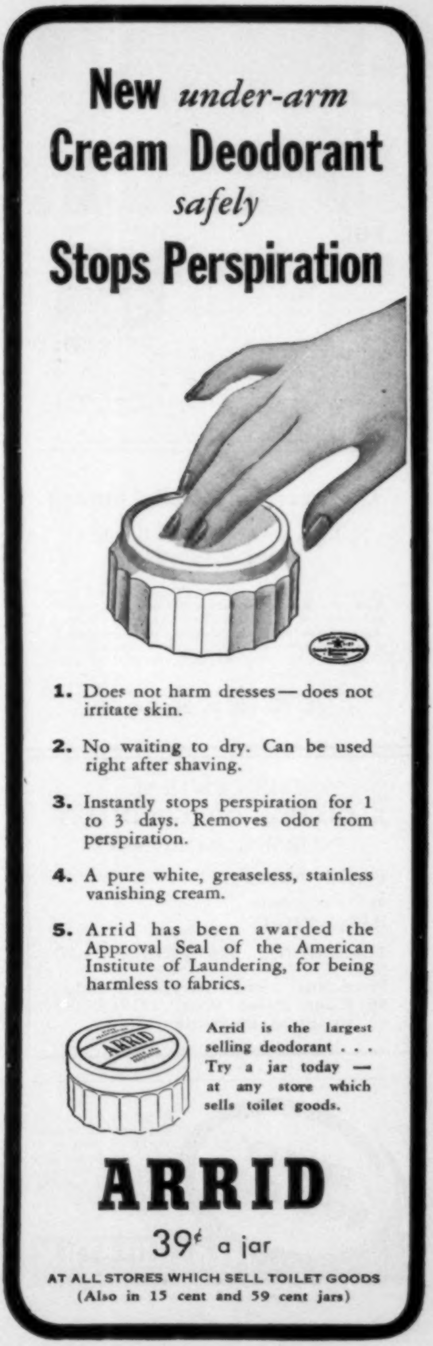
Married: Recently, Miss Theresa Newhook (A. H., 1937) to Mr. Seldon Nicholson.

ONTARIO

DISTRICTS 2 AND 3

GALT:

The annual meeting of Districts 2 and 3 took place recently in Galt with 92 members present. The reports of sections and committees were read and discussed. A committee was appointed to arrange meetings of the hospital and school of nursing section within the District.



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Mr. J. M. Anderson gave an interesting travelogue centred around Guatemala, after which a delightful supper was served by the Alumnae Association of Galt Hospital followed by a rousing sing-song.

Officers were elected as follows: Chairman, Miss W. Ashplant, Kitchener; first vice-chairman, Miss M. Bliss, Galt; second vice-chairman, Mrs. K. Cowie, Freeport; secretary-treasurer, Miss H. Muir, Brantford; councillors: Miss E. Eby, Guelph; Miss F. McKenzie, Kitchener; Miss G. Westbrook, Brantford; Miss M. Grieve, Woodstock; Miss C. Atwood, Stratford; Miss L. Trusdale, Simcoe.

DISTRICT 4

HAMILTON:

Hamilton General Hospital:

The following graduates of the School of Nursing of the Hamilton General Hospital have been appointed to the Nursing Service of the R.C.A.M.C.: Annie Boyd, Mae Morrow, Agnes Stewart, Irene Mayall, Mary Trenaman, and Myrtle Pletch. Doris Bilton has been appointed to the Nursing Service of the R.C.A.F.

The following appointments have been made to the nursing staff of the Hamilton General Hospital: Martha Watt (H.G.H. and McGill School for Graduate Nurses) as surgical supervisor; Henrietta Alderson (H. G.H. and School of Nursing, University of Toronto) as instructress; Eleanor Pettit (H.G.H. and School of Nursing, University of Toronto) as supervisor of men's public ward; Mary Westaway (H.G.H. and School of Nursing, University of Toronto) as supervisor of women's public ward; Elizabeth Ferguson (H.G.H.) as supervisor of gynaecological ward; Josephine Alkenbrack (H.G.H.) as operating room supervisor; Alice Cutting (H.G.H.) as supervisor of men's surgical ward.

Margaret Anderson (H.G.H. and University of Western Ontario), and Isobel Deeth (H.G.H. and School of Nursing, University of Toronto) are now with the Public Health Department.

Frances Fish and Elizabeth Law are taking the course in public health nursing offered by the School of Nursing of the University of Toronto. Agnes Learmont is taking the course in administration.

The following have been appointed as industrial nurses: A. J. McMillan (International Harvester Company); Margaret Moreland (Procter and Gamble Company); Sally Wallace and Muriel Suckling (Otis-Fensom Company).

Married: Recetnly, Miss Jeanie Turnbull (H.G.H., 1938) to Mr. Robert Sweatmen.

Married: Recently, Miss Freda Davidson (H.G.H., 1935) to Dr. Foresberg.

Married: Recently, Miss Edith Eaton (H.G.H., 1928) to Mr. William McClymont.

Married: Recently, Miss Marjorie Everett (H.G.H., 1939) to Dr. Fortye.

Married: Recently, Miss Margaret Annable (H.G.H., 1930) to Mr. Clifford Wilkes.

Married: Recently, Miss Bertha Ellis (H.G.H., 1939) to Dr. Overend.

Married: Recently, Miss Alice Teeple (H.G.H., 1932) to Mr. John Bowlby.

DISTRICT 5

WHITBY:

The fall meeting of District 5, R.N.A.O., was held recently at the Ontario Hospital, Whitby, with an approximate attendance of ninety. In the afternoon, the members were welcomed by the staff of the Hospital, and conducted in groups through the different buildings. The tour ended in the nurses residence where a bounteous supper was served.

At the evening meeting the Rev. D. B. Langford, Rector of St. John's Church, Port Whitby, pronounced the invocation. Reports showed some interesting facts. The membership is 1,578 which is a slight increase over last year. Our contribution to the British Nurses Relief Fund is now $4,761. Many nurses have taken the lectures in emergency nursing and first aid as outlined by the Ontario Government, and 434 enrolled for the basic course of civilian defence lectures. These nurses are now prepared to take an active part in the defence program. At the conclusion of the business meeting Dr. Mary V. Jackson, acting chief of staff, Psychiatric Hospital, Toronto, gave a very instructive address on nursing from the mental hygiene standpoint.

The resignation of Miss Jennie Ives, as chairman of the Hospital and School of Nursing Section, was received. We are very fortunate in securing Miss Grace Giles to fill this vacancy and also Miss Lillian Pettigrew, as chairman of the Public Health Section. Both these nurses have had wide and varied experience.

An unusual feature of the evening was the attendance of several foreign students who are taking post-graduate courses at the School of Nursing, University of Toronto. Among those present were male nurses who are graduates of the Ontario Hospital, Whitby.

With the passing of Miss Jean Gunn we have lost a good friend and wise counsellor. We members of District 5, who for so many years enjoyed her presence at our meetings and benefited by her foresight and guidance, have sustained an irreparable loss. Although we will miss her in so many ways and it is difficult now for us to see how we are

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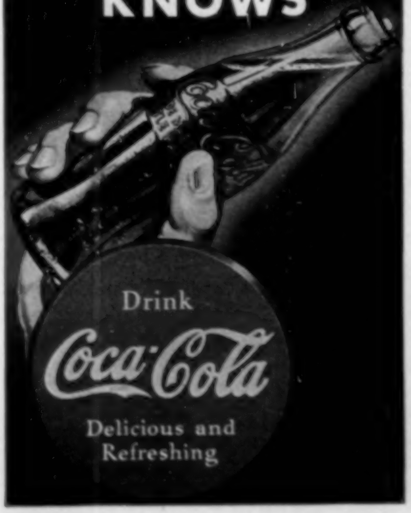
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going to manage without her, we will try to preserve and to carry on all for which she so diligently worked.

District 10

Fort William:

McKellar General Hospital:

Miss Jennie Ives, who for the past two years has been at the General and Marine Hospital in Collingwood, has been appointed instructor at the McKellar General Hospital. Miss Ives is a graduate of the School of Nursing of the Belleville General Hospital, and of the course in teaching and supervision at the School of Nursing, University of Toronto.

The position of assistant superintendent of nurses at McKellar General Hospital has recently been filled by Miss Louise Beeman, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto. Miss Beeman was formerly on the staff of the Ottawa Civic Hospital.

Married: Recently, Miss Ellamae Donaldson (McK.G.H., 1933) to Mr. John Sameluck.

Married: Recently, Miss Stella Boychuk (McK.G.H., 1940) to Mr. Clive Glover.

Married: Recently, Miss Evelyn Grotke (S.J.G.H., 1936) to Mr. Leo Marguarette.

Port Arthur:

Port Arthur General Hospital:

Miss Christine McLennan, formerly of Lethbridge, Alberta, has accepted the position of assistant superintendent at the Port Arthur General Hospital. She replaces Miss Alice Hunter who has left to take charge of an orthopedic hospital in Scotland.

QUEBEC

Montreal:

Montreal General Hospital:

The graduates of the School of Nursing of the Montreal General Hospital deeply regret the passing from our midst of our beloved Miss Strumm. She always took a deep interest in all the activities of our Alumnae Association and it will be difficult to fill the vacancy caused by her death.

The following graduates of the Montreal General Hospital have been awarded scholarships and are attending the McGill School for Graduate Nurses: Miss Lillian Fife (1937), Miss Margaret Carson (1937), and Miss Margaret Trueman (1940) all received the Mildred Hope Forbes scholarships. Miss Ray McKenzie (1933) received the Red Cross scholarship and Miss Gwenneth Woodburn the Shriners scholarship. Miss Fife and Miss Carson are studying teaching and supervision; Miss Trueman, Miss Woodburn, and Miss McKenzie are studying public health nursing.

Married: Recently, Miss Florence B. Moore (M.G.H., 1939) to Mr. Gerald K. Gale.

Married: Recently, Miss M. Blanche Weston (M.G.H., 1941) to Mr. Carl Johnston.

Married: Recently, Miss Marion Clarke (M.G.H., 1939) to Mr. Bruce Henry.

Married: Recently, Miss Margaret K. McLeod (M.G.H., 1938) to Flight Lieut. Ian MacLennan, R.C.A.F.

Royal Victoria Hospital:

Miss Electa MacLennan (R.V.H., 1932) has been appointed field supervisor at the national office of the Victorian Order of Nurses in Ottawa. Miss Helen Sharpe (R.V.H., 1927)has resigned and has taken a position with the Foundation Company of Canada at Arvida, Quebec.

Miss Josephine Stephenson (R.V.H., 1936) is acting superintendent of nurses at the Queen Alexandra Hospital, Cobble Hill, Vancouver Island. Miss Vera Arendt (R. V.H.) has been appointed head nurse of the nose and throat ward. Miss Katherine Inch (R.V.H., 1941) is now in charge of Ward F, men's surgical. Miss Winnifred MacLean, formerly in charge of the urological department, has been added to the clinical teaching staff. Miss Hilda Short (R.V.H., 1941) has succeeded Miss MacLean.

Recent visitors at the School of Nursing were Miss Margaret Ogilvie (R.V.H., 1916) and Mrs. H. A. Coleman (Margaret Campbell, R.V.H., 1909).

Married: Recently in Johannesburg, South Africa, Miss Hazel Hay (R.V.H., 1932) to Mr. James Watson.

Married: Recently, Miss Anne Enid Trites (R.V.H., 1938) to Mr. Angus Pringle Hunter.

QUEBEC:

Jeffery Hale's Hospital:

Jeffery Hale's Hospital recently had the pleasure of a visit from H.R.H. the Princess Alice.

At our October meeting Miss Jean Macdiarmid gave an interesting and instructive lecture on the purchasing of foods. Miss Norena Mackenzie, principal of the School of Nursing, entertained recently at the tea hour for two members of the staff—Miss Ingraham (J.H.H., 1937) and Miss J. Andrews (J.H.H., 1939), who have been called for military service in South Africa.

Married: Recently, Miss E. Lonergan (J.H.H., 1930) to Mr. Alexander Hendry.

Married: Recently, Miss Miller (J.H.H., 1940) to Mr. Russell Rourke.

Married: Recently, Miss K. Martin (J.H. H., 1940) to Mr. Thomas Nattress.

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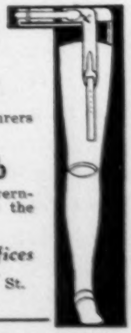

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. . . OFF . . . DUTY . . .

The town seems full of women in uniform these brisk autumn days . . . and very smart they look in blue or khaki . . . adorned with the insignia of their respective services . . . They set us thinking about the significance of uniforms that nurses wear as they go about their daily work . . . Student nurses in pink or blue or gray . . . with stripes, dots, and checks . . . graduate nurses, in the bleak and deadly monotony of white . . . If we ever could afford to employ a nurse . . . we should like her to wear the characteristic uniform of her own School . . . Yes, and an apron, too . . . we also hope that it will be possible to get a glimpse of her cap without asking her to turn her back to us . . . Of course we freely admit that these reactionary notions betray a bondage to a remote and romantic past . . . but we nevertheless suggest that Lawrence of Arabia had the right conception of the significance of any uniform . . . He said that whoever wears it thereby accepts anonymity on his own behalf . . . and is clothed in the grace and the dignity and the courage of the group . . . This conception is certainly applicable to the uniform worn by civilian nurses in Britain as, under fire, they calmly go about their appointed tasks . . . In the past, it has been our custom on this side of the Atlantic . . . to smile indulgently at long sleeves . . . and voluminous skirts . . . and caps tied under the chin with a stiff little bow . . . and yet from an aesthetic point of view we may perhaps be wrong . . . Not long ago a famous art director of the Russian ballet attended a ceremony in London at which many nurses were present in uniform . . . He said that these garments had the elusive quality known as style . . . and that they were beautiful as well as significant . . . However that may be, we must admit that uniforms should be designed from a functional point of view . . . and should be comfortable and becoming . . . Apparently the British nurses think so too . . . and will probably rationalize their uniforms long before we do . . . they are short of material over there and stream lines will be compulsory . . . Whatever changes they make . . . we hope that, for a time at least, they will spare the distinctive caps worn by many generations of nurses in the great London hospitals . . . the stiff little bows . . . the gauffered frills . . . the prim ruching . . . Although for the life of us we can't explain why . . . these foolish things symbolize for us the noble tradition which lies at the heart of nursing in Britain . . . the willingness to accept the proud anonymity of which Lawrence spoke . . . the determination to uphold the grace, the dignity and the courage of the group.

—E. J.

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Numerals indicate office held*: (1) *President, Provincial Nurses Association*; (2)*Chairman, Hospital and School of Nursing Section*; (3) *Chairman, Public Health Section*; (4) *Chairman, General Nursing Section.

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Saskatchewan: (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

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Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medicine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. Webster, 558 Fourth Street, Medicine Hat.

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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ONTARIO

Registered Nurses Association of Ontario

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Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Mrs. E. M. Smith, 149 Laurier Ave. W., Ottawa; *Councillors*: Misses V. Belier, W. Cooke, M. Lowry, K. McIlraith, Mrs. G. Fraser; *Conveners*: *Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *General Nursing*, Mrs. G. Fraser; *Public Health*, Miss F. Moroni; *Cornwall Chapter*, Miss M. McWhinnie; *Pembroke Chapter*, Rev. Sr. M. Evangeline; *The Canadian Nurse*, Miss H. Tanner.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association

(Incorporated 1917)

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Regina Registered Nurses Association

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Alumnae Associations

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A.A., Calgary General Hospital, Calgary

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A.A., Holy Cross Hospital, Calgary

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A.A., Edmonton General Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., Glace Bay General Hospital, Glace Bay

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ONTARIO

A.A., Belleville General Hospital, Belleville

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

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A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Hôtel-Dieu, Kingston

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A.A., Kingston General Hospital, Kingston

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A.A., St. Mary's Hospital, Kitchener

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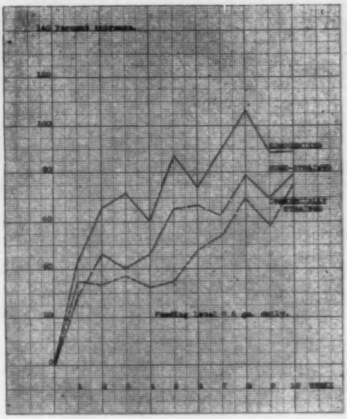

Percentage increase in hemoglobin of rats above anemia level after addition of vegetables to milk diet.

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3 Peas, carrots, spinach.

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6 Soup—carrots, celery, tomatoes, chicken livers, barley, onions.

7 A meatless soup—consisting of celery, potatoes, peas, carrots, tomatoes, soya flour, and barley. Can be fed to very young babies.

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9 An "all Green" vegetable combination—Many doctors have asked for this. Peas, spinach and green beans are blended to give a very desirable vegetable product.

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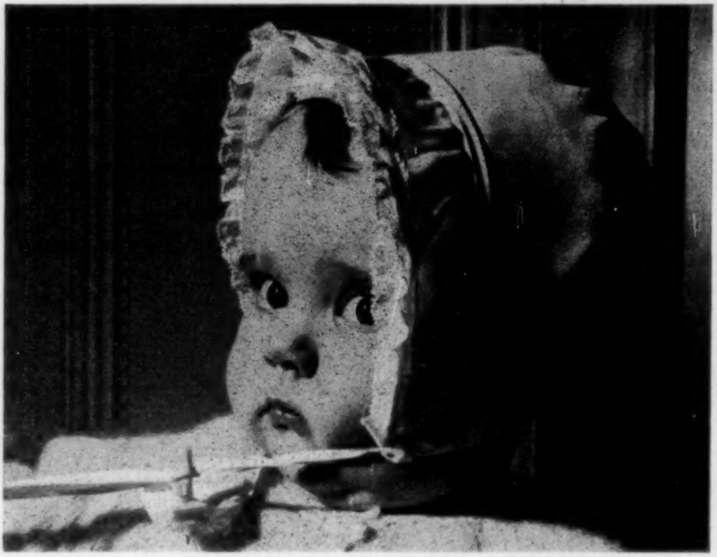

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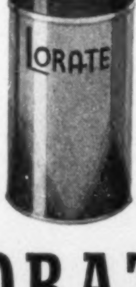

LORATE

THE THERAPEUTIC DOUCHE POWDER

Reader's Guide

Every now and then, we need to be reminded that patients are persons and, in addressing the nurses of the Regina General Hospital, **Dr. S. R. Laycock** chose this maxim as his text. The *Journal* is indebted to the superintendent of nurses, Miss Annie Lawrie, for the privilege of publishing a balanced and sympathetic analysis of the patient's need for understanding. Dr. Laycock is professor of educational psychology in the University of Saskatchewan.

There have recently been outbreaks of poliomyelitis in various parts of Canada. The manner in which the situation was handled in the Victoria Public Hospital, Fredericton, New Brunswick, is graphically described by **Edna Felsing and Ramona Carson,** both of whom are members of the nursing staff. The paragraphs dealing with treatment by physiotherapy were written by **Kathleen Walker,** physiotherapist for the Provincial Department of Health.

From every hospital in the country there comes the cry of "If only we could find time to do good nursing!" Every day that passes seems to bring new demands, over and above the giving of skilled nursing care which is our primary responsibility. Before this situation can be dealt with effectively, we must know how long it takes to perform some of the difficult and time-consuming treatments which are now being delegated to nurses. When this information is available, it can be submitted to hospital authorities and will carry conviction because it is based on direct observation rather than upon unsupported assumptions. In her capacity as advisor to schools of nursing in Manitoba, **Gertrude M. Hall** has had exceptional opportunities of studying the whole situation at close range. She understands how hard it is to reconcile the conflicting demands of nursing service and education. She knows that it is useless to ignore the financial problem with which hospital administrators are confronted. A time-study, carried on under actual ward conditions, is the first step toward finding a way out of our difficulties. Miss Hall has made this study and her findings will appear in this and subsequent issues.

The London Central Registry for Nurses is carrying on a well-planned scheme for the preparation of practical nurses in which **Madalene Baker,** chairman of the General Nursing Section of the Canadian Nurses Association, is taking a prominent part. Miss Baker knows more about the organization and direction of registries than anyone else in Canada and has some sound and constructive ideas about the rôle of the practical nurse. While keenly aware of the difficulties which have yet to be overcome, Miss Baker has kindly prepared a brief progress report of a courageous experiment.

In the page sponsored by the Public Health Section, **Margaret Darling** tells about the work done by the public health nurses of Prince Edward Island. The page devoted to the interests of the Hospital and School of Nursing Section contains an article on supervision written by its secretary, **Winnifred M. Cooke,** a member of the teaching staff of the Ottawa Civic Hospital. **Augusta Evans** also describes a transformation scene which led to improvement in the teaching facilities of the School of Nursing of the Moose Jaw General Hospital.

The snowy Saskatchewan Christmas trees which adorn the cover were photographed by **Jean Whiteford,** a member of the Saskatoon Branch of the Victorian Order of Nurses for Canada.

This issue of the *Journal* contains the index of the thirty-seventh volume. Be sure to put it aside for future reference.

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